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ABSTRACT

This set of 61 student learning modules deals with various topics pertaining to human development. The modules, which are designed for use in performance-based vocational education programs, each contain the following components: an introduction for the student, a performance objective, a variety of learning activities, content information, a student self-check, recommended references, and an evaluator's final checklist. Included among the topics addressed in the individual chapters of the modules are the following topics: consumer and homemaking education (health and nutrition, personal appearance and grooming, puberty, menstruation, the human reproductive system, venereal diseases, teenage pregnancy, babysitting, first aid, and handling emergencies); family life education (interpersonal communication, interpersonal relationships, changing lifestyles, pregnancy, the role of the single adult, preparing for marriage, birth control methods, making marital adjustments, observing family traditions, enrichment activities for the family, drugs and alcohol, separation and divorce, living with elderly persons, and adjusting to death); education for parenthood (the expectant family, labor and delivery, postpartum care, layettes, infant toys and equipment, promoting children's health and well being, toilet training, child care, and providing educational opportunities for children); and child development (infant care, children's toys, play activities for preschoolers, assisting children at mealtimes, and handling illnesses and injuries). (MN)

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HUMAN DEVELOPMENT

STUDENT MODULES

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Home Economics Education
Program Planning and Development Section
Office of Vocational Education
South Carolina Department of Education

1983

SOUTH CAROLINA DEPARTMENT OF EDUCATION

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TABLE OF CONTENTS

1. Acknowledgements iv
2. Philosophy of Home Economics Education. vi
3. Introduction. viii
4. Basic Consumer and Homemaking Modules . . . Modules 1-13
5. Family Life Education . . . . Modules 14-29
6. Education For Parenthood . . . . Modules 30-42
7. Child Development . . . . Modules 43-54
8. Supplementary . . . . Modules 55-61

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PHILOSOPHY OF HOME ECONOMICS EDUCATION

In this ever-changing world with its constant development of knowledge concerning people and things, we are aware of a definite need for a continuously developing curriculum.

As our society changes the family is the basic unit that functions to meet the needs of its members, in order to produce healthy personalities and to prepare individuals for a meaningful existence in society. Changes require vision and intelligence to assist individuals in meeting changes. Some aspects of homemaking taught at the secondary levels are felt necessary for everyone, including boys and girls.

Human relations and management are the two concepts that direct our teaching. The commonalities of the subject matter areas are the tools used to implement the concepts of human relations and management.

We believe that competencies fundamental to family living are:*

- establish values which give meaning to personal, family, and community living; select goals appropriate to those values.
- create a home and community environment conducive to the healthy growth and development of all members of the family at all stages of the family cycle.
- achieve good interpersonal relationships within the home and within the community.
- nuture the young and foster their physical, mental and social growth and development.
- make and carry out intelligent decisions regarding the use of personal, family, and community resources.
- establish long-range goals for financial security and work toward their achievement.
- plan consumption of goods and services--including food, clothing, and housing--in ways that will promote values and goals established by the family.
- purchase consumer goods and services appropriate to an over-all consumption plan and wise use of economic resources.
- perform the tasks of maintaining a home in such a way that they contribute effectively to furthering individual and family goals.

- enrich personal and family life through the arts and humanities and through refreshing and creative use of leisure.

- take an intelligent part in legislative and social action programs which directly affect the welfare of individuals and families.

- develop mutual understanding and appreciation of differing cultures and ways of life, and cooperate with people of other cultures who are striving to raise levels of living.

We believe the home economics teacher should:

- understand herself

- know home economics subject matter and skills

- be creative, enthusiastic, and growing professionally

- provide opportunities for optimum development of students

- base the program on the needs and concerns of the students, school, and community by pupil-teacher-parent planning

- direct students into self-governed thoughts and actions

- include evaluation as a intrinsic part and a continuous process in the total growth of the individual

---

* Committee on Philosophy and Objectives of Home Economics, "Home Economics New Directions," American Home Economics Association, 1959.

INTRODUCTION

In 1979, South Carolina began participating in a joint curriculum development effort with the states of Kentucky, Maryland and West Virginia. The purpose of the four state consortium was to develop performance-based instructional modules and instructors' guides in the home economics content areas of clothing and textiles, foods and nutrition, housing and home furnishings, management and family economics, and human development. The modules were based on tasks identified in the HOMEMAKER V-TECS catalogs.

Each state assumed the responsibility of developing modules for one or two content areas. Agreement was reached on the format and style of the modules. All materials developed were shared and field tested in all four states.

Eighty home economics teachers participated in the field test conducted in South Carolina. Workshops were conducted for the teachers to introduce the materials and review performance-based instructional strategies. Each teacher developed a curriculum/management plan and began using the modules within regular programs. The materials were tested for one semester under conditions found in the average classroom. Both teachers and students evaluated all modules.

Field test results compiled by each state were shared within the consortium. Teacher and student data were utilized as the basis for revising and improving the modules.

Each HUMAN DEVELOPMENT module is composed of an introduction for the student, a performance objective, a variety of learning activities, content information, a student self-check, recommended references, and an evaluator's final check list. The instructors' guide contains a listing of modules with suggested levels and courses for teaching, additional learning experiences, lists of supplemental resources and references, needed supplies, tools and equipment, and keys to student tests.

The modules are written so that they may be used effectively for various modes of instruction (i.e., individualized, small group, entire class, etc.). Teachers are encouraged to incorporate the modules into lesson plans and student activities as appropriate. The modules are not intended as a total replacement for other instructional strategies and/or resources. Rather, they are provided as a means of facilitating and enhancing performance-based instruction within home economics classrooms.

The following clarification of terms will help the teacher to achieve optimal use of performance-based curriculum materials:

Competency

A skill, either cognitive, affective, or psychomotor, which is required in life or in a vocation and which the student is expected to master and demonstrate at the completion of the educational program.

Performance-Objective

A statement which gives direction to learning by communicating the intent or purpose of the learning--a statement of what the learner is able to do when he/she has successfully completed a learning experience.

In developing a course of instruction, performance objectives can be used in at least four major ways. First, stated objectives can help identify exactly what should be taught and force teachers to make decisions which should clearly define the goals of instruction.

Second, objectives aid in sequencing content within the course, and helps the teacher select appropriate instructional techniques and materials. Third, stated objectives simplify the development of those measures that will determine the student's ability to perform tasks. The criteria for making judgments about the performance levels of students is determined prior to actual instruction. Finally, after a program (or course) has been developed and used in the classroom, the objectives provide a means of evaluating the success of that program.

A performance objective must contain the following:

1. Identification of the terminal performance which the teacher attempts to produce. (Terminal performance refers to the behavior the student is to be able to demonstrate at the conclusion of a learning experience.)

2. Description of the important conditions under which the behavior is expected to occur. (Conditions refer to any and all limits or circumstances under which the student will perform.)

3. Identification of a standard, criteria, or level of acceptance. (Level of acceptance refers to how well the student must perform the task/behavior in order to classified as having achieved mastery.)

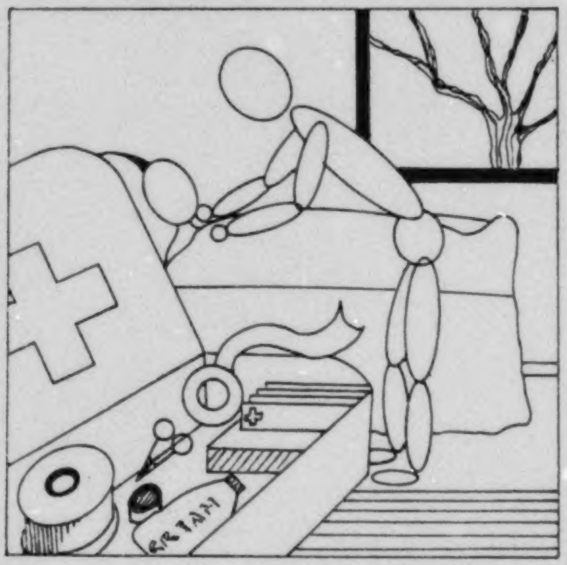
Learning Experiences

A series of activities designed to assist the student master specific knowledge and skills. Because PBVE is student centered, all learning experiences are written in terms of what the student should do. Student learning experiences dictate the teacher preparation and teacher activities which are necessary.

The Human Development Student Modules have been designed to promote an effective PBVE program. It is hoped that teachers will use this resource to expand performance-based instruction within Home Economics Education.

HUMAN DEVELOPMENT

HEALTH AND NUTRITION



INTRODUCTION

Developing good health habits is important for the growth and care of the body. In this module, you will learn about good health, correct posture and body mechanics, exercise, sleep and rest, and nutrition. You will learn how these factors relate to your personal well-being.

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. go through the activities you need to complete in order to perform the task.

OBJECTIVE

When you finish this module, you will be able to complete a test about health and nutrition with 80% accuracy.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, HEALTH AND NUTRITION.

LEARNING ACTIVITIES

1. READ about the characteristics of a healthy person in a reference provided by your instructor,

   (and/or)________________.

2. READ and DISCUSS Student Information, POSTURE AND BODY MECHANICS, pp. 3-5, with classmates. PRACTICE good posture exercises with a fellow classmate or in a small group of students.

   (and/or)________________.

3. READ about exercise and sleep in a reference provided by your instructor. OUTLINE the importance of exercise and sleep on a separate sheet of paper. COMPARE your answers with a classmate's,

   (and/or)_______________.

4. COMPLETE Student Self-Check, POSTURE, SLEEP, AND EXERCISE, p. 6.

5. READ and DISCUSS Student Information, NUTRITION AND YOU, pp. 7-9, with classmates,

   (and/or)_______________.

6. COMPLETE Student Self-Check, NUTRITION QUIZ, p. 10.

7. WORK with your instructor to plan and carry out a related FHA/HERO activity,

   (and/or)_______________.

8. ARRANGE with your instructor to complete this module by going through the Check-Out Activities.

Student Information

POSTURE AND BODY MECHANICS

From day to day the way you stand, sit, and walk affects your overall posture. Posture is the word used to describe how you hold and carry your body when you stand, sit, or walk.

Good posture improves your personal appearance. It:

- -- Helps you to feel better both physically and mentally. Strain, tension, and tiredness are reduced.
- -- Expresses the way you feel about yourself. It makes you appear to be more alert and lively. It gives you an appearance of self-confidence.
- -- Helps your clothes to fit better.
- -- Allows your internal organs room to function properly.

Poor posture takes away from appearance, poise, and good health. It:

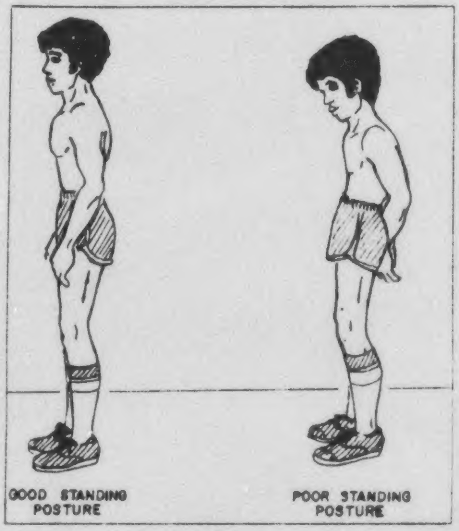
- -- Causes fatigue and physical strain.
- -- Causes backaches and tension.
- -- Makes you appear to be unsure of yourself.
- -- Makes you appear to be careless and lazy.

The three most common posture problems among teenagers are (1) humped shoulders, (2) swayback, and (3) a protruding stomach.

Causes of poor posture include:

- -- Lack of exercise. Sometimes a person gets lazy due to the convenience of riding in a car instead of walking. Also overusing television as entertainment instead of more physical activities means less exercise for most people.
- -- Overuse of some part of the body. Your body shapes itself according to the kind of work you do, such as, a secretary bending over a typewriter from 8:00-4:00 or a mailman carrying a heavy bag of mail.
- -- Overweight or underweight. The overweight person throws his/her body out of alignment to balance the excess weight. The underweight person's poor posture is usually the result of muscle weakness and fatigue.
- -- Rapid growth. Sometimes a person who has grown taller faster than his/her classmates feels self-conscious and tends to stoop in order to appear less tall.
- -- Fatigue. Sometimes a person is "too tired" to stand or sit tall.
- -- Mental and emotional state. When a person is depressed and discouraged, he/she may tend to slump.
- -- Improper furniture. One's chairs, sofa, and bed may not be designed to promote good posture.
- -- Improper clothing. Sometimes poorly fitting clothing and shoes cause posture problems.

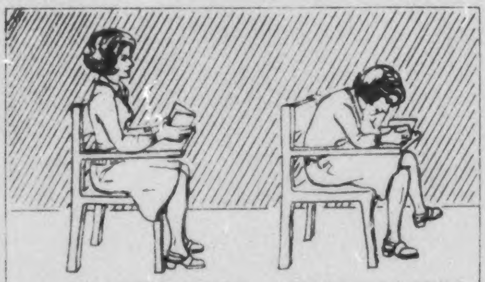
Techniques of Good Standing Posture



1. Stand and hold the head erect with the chin level.
2. Hold the chest high.
3. Pull the shoulder blades slightly backward toward each other.
4. Hold abdomen in.
5. Hold back almost straight.
6. Let arms hang relaxed.
7. Have the body weight evenly distributed between the ball of the foot and the heel. Place more weight on the outside of the foot than on the inside.
8. Point the feet slightly ahead or slightly outward.

Note: The ear, shoulder tip, hip, and instep should be in line with each other when seen from the side.

Techniques of Good Posture While Sitting at a Desk

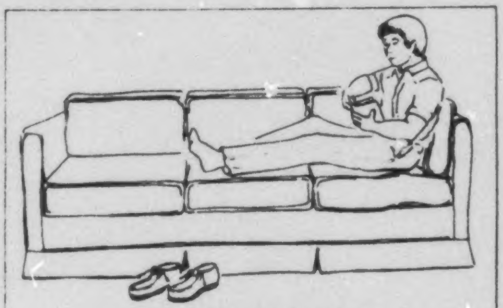


GOOD SITTING POSTURE AT A DESK

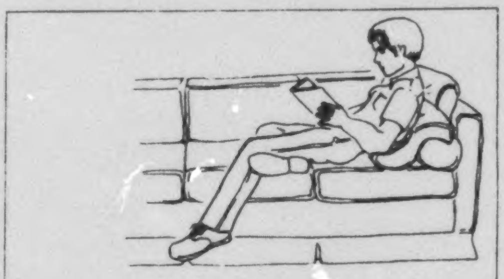
POOR SITTING POSTURE AT A DESK

1. Hold the trunk of the body erect, keeping the abdomen flat.
2. Place the hips to the back of the chair so that the spine rises straight above them.
3. Let the arms rest easily on the desk or table.
4. Bend the legs comfortably at the knees.
5. Place the feet flat on the floor with one foot slightly in front of the other.
6. Keep the thighs and the calves parallel and close together.

Techniques of Good Relaxed Sitting Posture



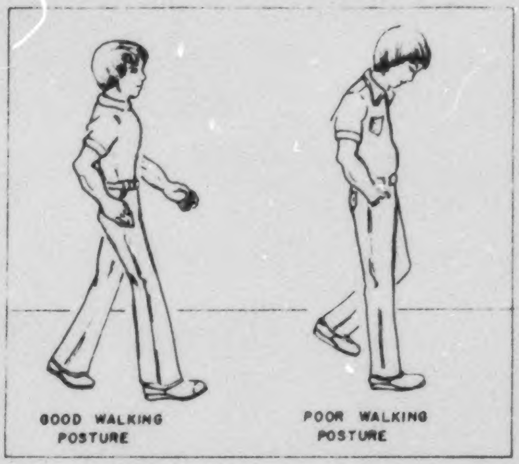
GOOD RELAXED SITTING POSTURE



POOR RELAXED SITTING POSTURE

1. Hold the trunk of the body erect, keeping the abdomen flat.
2. Place the hips to the back of the reclining chair or bed so that the spine rises straight above them.
3. Raise the feet to the level of the hips by stretching them out on the reclining chair or bed.

Techniques of Good Walking Posture



1. Stand with good posture.
2. As you step forward, swing your leg from the hip.
3. As your foot is placed forward, the heel strikes the floor or ground.
4. Transfer your weight forward along the outer borders of your feet, to the ball, then to your toes. This gives you the push-off for the next step.
5. Let your arms swing freely but not vigorously.
6. Tuck the rear under.

Posture Exercises

The following exercises will help you discover whether or not your posture is good. They will also help you develop good posture. Have a classmate or a family member check your body alignment to determine your posture and any needs for improvement.

1. Stand with your shoulders, head, and hips against a wall and your heels about 2.5cm (1 inch) away from it. Slip your hand between your waist and the wall. If there is just enough room for your hand, your posture is good. But if there is more than enough room for your hand, or if you find it hard to line up against the wall, your posture needs improvement.

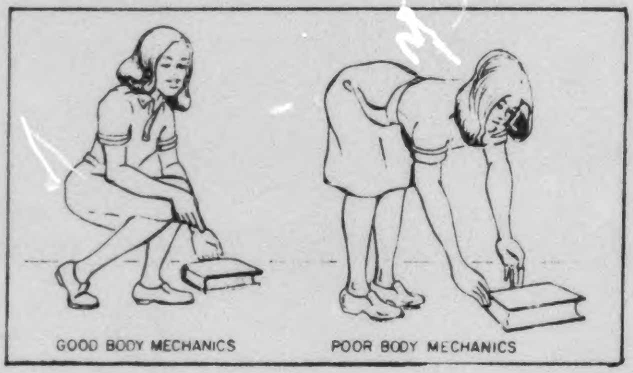
   To improve your posture, stand against a wall, as described above. Then tuck your rear under, and pull the abdomen up and in. Hold the position as you walk about the room.
2. Walk toward a chair until you are in front of it. Turn your body so that you are standing with one foot ahead of the other and the back of one leg touching the edge of the chair. Keep your body straight as you bend your knees and your hips to sit down.
3. Practice balancing a book on your head while you walk. If you can do so with ease, you have good walking posture.

Body Mechanics

Body mechanics refers to the way you move your body. Muscle strain can be caused by poor body movement. This is especially true when bending to pick up an item or when lifting an object.

1. In bending, the trunk and upper body should be held erect.
2. Place one foot one step ahead of the other. The body's weight should be on the balls of the feet.
3. Bend the knees to lower the body.
4. Slowly rise with the leg muscles doing the work.

NOTE: You should never bend forward from the waist without bending the legs at the knees.



Student Self Check

POSTURE, SLEEP, AND EXERCISE

Directions: Write your answers to the following questions on a separate sheet of paper. Check your answers against those provided on p. 11.

1. List three reasons for practicing good posture.
2. List two ways poor posture affects your body.
3. List three things sleep does for your body.
4. List four things exercise does for your body.

Student Information

NUTRITION AND YOU

Good health starts with good nutrition. Nutrition is the study of the process by which the body uses foods. The healthy condition of your hair, skin, eyes, teeth, and general body functioning largerly depends on the foods you eat.

Foods contain nutrients. Nutrients include fats, carbohydrates, proteins, vitamins, and minerals. Water is not a nutrient but it is also necessary for body processes. Each nutrient provides for certain body needs. The needs for healthy body parts and processes are provided in the chart that follows.

THE HEALTHY BODY PART OR PROCESS	NUTRIENTS NEEDED	FOOD SOURCES
HAIR: glossy and strong.	Protein	Meat Group Milk Group Breads and Cereals Group Vegetables and Fruits Group
EYES: bright, clear, and shiny.	Vitamin A Riboflavin	Meat Group: liver Vegetables and Fruits Group: deep yellow and dark green Milk group
TEETH: free of cavities	Calcium Vitamin C	Milk Group Vegetables and Fruits Group: citrus fruits, dark green vegetables
GUMS: free of bleeding and sores.	Vitamin C	Vegetables and Fruits Group: citrus fruits dark green vegetables
SKIN and MEMBRANES: natural color, free of rashes or sores, swelling and excessive dryness.	Protein Fats Riboflavin Niacin Vitamin C	Meat Group Vegetables and Fruits Group Breads and Cereals Groups Milk Group

THE HEALTHY BODY PART OR PROCESS	NUTRIENTS NEEDED	FOOD SOURCES
MUSCLES: firm and in good tone.	Protein Minerals	Meat Group Vegetables and Fruits Group Bread and Cereals Group Milk Group
BONE and JOINTS: strong and free of pain.	Calcium Vitamin D Vitamin C	Milk Group Vegetables and Fruits Group: citrus fruits, dark green vegetables
MENTAL HEALTH: happy and optimistic most of the time; has only brief periods of depression; gets along well with others; is emotionally stable.	Protein Thiamine Niacin	Meats Group Breads and Cereals Group
ENERGY: can carry out daily routines; is alert; has vitality.	Carbohydrates Thiamine Riboflavin Niacin Fats Protein Iron	Breads and Cereals Group Vegetables and Fruits Group Meat Group Other: honey, molasses, sugar
DIGESTION and ELIMINATION: has regular bowel movements and urination, is free of abnormal pain or stomach upsets.	Carbohydrates Thiamine Niacin Iron	Breads and Cereals Group Vegetables and Fruits Group Meat Group
RESISTANCE: free from signs and symptoms of illness.	Protein Vitamin A Vitamin C	Meat Group Vegetables and Fruits Group: deep green and deep yellow

FOOD GROUP	Number of Servings Daily
Meat Group (Meats, poultry, fish, eggs, dried beans)	2 servings
Milk Group (Milk and milk products)	4 servings
Vegetables and Fruits Group (Leafy green and yellow vegetables - 1 serving) (Citrus fruits and/or tomatoes - 1 serving) (Other fruits and vegetables - 2 servings)	4 servings
Bread and Cereals Group (Whole grain and enriched breads, cereals, and pastas)	4 servings

Scientists have divided foods into four groups according to the nutrients they contain. They have also recognized the body's need for certain amounts of the nutrients. So, they have recommended the number of servings needed from each food group on a daily basis.

The food groups and the number of servings needed for teenagers are listed in the chart above. (In some groups specific foods are needed to provide the essential nutrients. Specific foods are identified in parentheses.) It is important to plan your food intake to include these minimum daily requirements.

Eating the proper amount of each food from the basic four food groups is the basis of good eating habits. Additional servings, but not too much may be eaten to satisfy hunger. The proper amount of food each person needs varies depending on factors such as:

- --age
- --physical activity
- --body size
- --other conditions such as health problems

When a person tends to eat more than the proper amount of food, he/she may become overweight. This is because foods contain calories. Calories refer to the amount of energy available in foods. If the body takes in more calories than it will use, the calories are stored in the body. This storage takes the form of excess weight. Being overweight increases a person's chances for developing health problems such as high blood pressure, diabetes, heart attacks, or strokes.

The following guidelines are important to remember for meeting nutritional needs:

- --Eat a variety of foods.
- --Eat adequate amounts of the basic four foods.
- --Avoid eating too many empty calorie foods such as carbonated beverages, candies, and sweets. (They are called "empty calorie" foods because they contain few, if any, nutrients.)
- --Maintain your ideal weight.

If you have weight problems (underweight or overweight), it is important that you check with your family doctor about your food needs. Going on crash diets or fad diets can be dangerous to your health and well-being.

Student Self-Check

NUTRITION QUIZ

Directions: Answer the following questions on a separate sheet of paper. Check your answers against those provided on p. 11.

1. __________ is the study of the process by which the body uses foods.

2. Fats, carbohydrates, proteins, vitamins, and minerals are __________.

3. A teenager needs __________ serving(s) of vegetables and fruits daily.

4. A teenager needs __________ serving(s) of breads and cereals daily.

5. A teenager needs __________ serving(s) of leafy green and yellow vegetables daily.

6. When a person eats too much regularly, he/she may become __________.

7. Foods that contain few, if any, nutrients are _____ foods. These foods include carbonated beverages, candies, and sweets.

8. Consult __________ if you are having problems with your weight.

Student Self-Check

ANSWERS
POSTURE, SLEEP, AND EXERCISE

1. --Helps you to feel better both physically and mentally.
   --Expresses the way you feel about yourself.
   --Helps your clothes to fit better.
   --Allows your internal organs room to function properly.

2. —Causes fatigue and physical strain.
   --Causes backaches and tension.
   --Makes you appear to be unsure of yourself.
   --Makes you appear to be careless and lazy.

3. --Allows the muscles to relax.
   --Gives the body time to dispose of the accumulated waste materials.
   --Gives the body time to build up a supply of energy.
   --Helps a person feel refreshed and full of vitality.

4. —Improves muscle tone.
   --Improves blood circulation.
   --Toughens the heart and lungs.
   --Promotes better resistance to disease and infection.
   --Helps to get rid of anxieties, tensions, and depression.
   --Promotes a sense of well-being.
   --Provides an opportunity to meet other people and have fun.

Student Self-Check

ANSWERS
NUTRITION QUIZ

1. Nutrition
2. Nutrients
3. Four
4. Four
5. One
6. Overweight
7. Empty calorie
8. The family doctor

Evaluator's Final Checklist

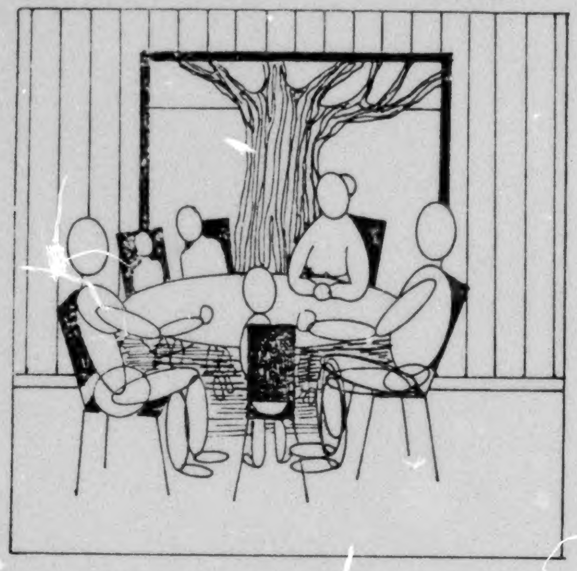
HEALTH AND NUTRITION

Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
The student completed the Check Out Activity Sheet with 80% accuracy	( )	( )	( )

HUMAN DEVELOPMENT

PERSONAL APPEARANCE AND GROOMING



INTRODUCTION

Most of us want to be accepted by our friends, family, employer, and new acquaintances. A person who is well groomed and has a good appearance is more likely to cause others to want to associate with them. Practicing personal improvement habits also helps us feel good about ourselves. In this module, you will learn about the care of the skin, the hair, the mouth and teeth, the hands and nails, the feet and nails, and hair removal. You will also learn about the importance of clothing selection and care.

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVE

When you finish this module, you will be able to complete a test about personal appearance and grooming with 80% accuracy.

CHECK-OUT ACTIVITIIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, PERSONAL APPEARANCE AND GROOMING.

LEARNING ACTIVITIES

1. READ Student Information, SKIN AND BODY CARE, pp. 3-5,

   (and/or)_______________.

2. VIEW a filmstrip, provided by your instructor, about personal cleanliness and grooming habits. REVIEW the information with classmates,

   (and/or)_______________.

3. STUDY Student Information, CARING FOR THE HAIR, MOUTH, HANDS, AND NAILS, pp. 5-7,

   (and/or)_______________.

4. PARTICIPATE in a grooming workshop. Your instructor will provide information concerning this activity,

   (and/or)_______________.

5. COMPLETE Student Self-Check, PERSONAL CARE, pp. 7-8.

6. READ Student Information, YOUR CLOTHING, p. 8,

   (and/or)_______________.

7. VIEW a filmstrip, provided by your instructor, about clothing and personal appearance. REVIEW the information with classmates,

   (and/or)_______________.

8. COMPLETE Student Self-Check, CLOTHING SELECTION AND CARE, p.8.

9. WORK with your instructor to plan and carry out a related FHA/HERO activity,

   (and/or)_______________.

10. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

25

Student Information

SKIN AND BODY CARE

Keeping yourself clean makes you feel better and look better. It is also important to your health to develop and practice good personal cleanliness habits. The following information will help you to develop personal hygiene habits for the face and skin.

Caring for Facial Skin

Caring for the face is very important for your personal appearance. To promote healthy skin, you need the following:

--plenty of fresh air
--exercise
--plenty of rest and sleep
--proper foods in the right amounts
--proper cleaning

To know how to care for your skin, you must determine your skin type. There are four types of skin:

--normal
--dry
--oily
--combination (of dry and oily)

Normal skin looks fresh and is usually clear of blemishes. It is evenly smooth and is free of oil and dryness. Very few teenagers have this skin type.

Dry skin often looks flaky, chapped, rough, dry, taut (pulled tight), and dull. It is common in people who are over 20. However, when young men begin to shave they sometimes have dry skin.

Oily skin has a wet, shiny look. There is often flakiness around the nose which is due to oil drying on the surface of the skin. The nose, forehead, and chin are oily within an hour after the face is cleaned. People with oily complexions usually have whiteheads and blackheads due to clogged pores.

Combination skin is oily on the forehead, nose, and chin and is dry on the other areas of the face.

Facial skin can be cleansed in two ways:

--Use a facial soap and water.
--Use a cleansing cream.

For dry skin: Wash the face twice a day using a soap for dry skin or using cleansing cream.

1. Gently wash the face in an upward circular motion with the fingertips or washcloth. Or, apply the cleansing cream according to the manufacturer's directions.
2. Rinse the face with warm water until all soap or cream is removed.
3. Rinse the face with cold water to close the pores.
4. Apply a skin freshener to tone the skin.
5. Use a moisturizing lotion or cream in the morning and at night or at any other time during the day when the skin seems dry.
6. Once a week spread a light film of oil-rich cream, lotion, or petroleum jelly over your face. Tissue it off after 20 to 30 minutes.

For oily skin: Wash the face often with a soap made for oily skin. The soap may be "antibacterial" (containing an ingredient that helps to kill bacterial growth) and/or it may be a soap that contains vegetable fat rather than animal fat.

1. Gently wash the face in an upward circular motion with the fingertips or washcloth. Be sure to give special attention to the neck, hairline, ears, and the creases of the nose and chin.
2. Rinse the face with warm water until all soap and residue are removed.

3. Rinse the face with cold water to close the pores.
4. Apply an astringent to close the pores. An astringent is a lotion made with alcohol. It causes the pores to close. (This makes it harder for bacteria and dirt to collect.) Alcohol, used full strength or diluted, or witch hazel can also be used as an astringent.
5. Once or twice a week use a grainy cleanser to help remove blackheads.

For combination skin: Care for the oily parts of the face using the same procedures for cleaning oily skin. And care for the dry parts of the face using the same procedures for cleaning dry skin.

Skin Problems

Teenagers and some adults have problems with blemishes or acne. These skin problems may have several causes:

--the collection of dirt and oil in the pores of the skin
--bacterial growth
--stress and tension
--hormonal changes occurring in the body
--heredity

Adolescent acne is often caused by hormones. Maintaining a healthy diet and good grooming habits can help control some of the problem. Severe cases of acne should be treated by a skin specialist or dermatologist. He/she can provide advice and medications that can help reduce the problems. Severe cases of acne can cause permanent scarring of the skin.

Using Make-Up

Make-up is used by teenagers of both sexes. Girls may use a liquid or cream foundation as a make-up base. Guys may use it as a cover up for blemishes. Make-up should be chosen to match skin tone. Oily complexed persons should use a water-based make-up to avoid extra oil. There are many types of medicated make-up. Each person must select the type of make-up that will be appropriate for him/her.

Girls who wear eye make-up and blush to highlight the cheeks should use no more than looks natural. A trained cosmetic specialist can provide information about the kinds and amounts of make-up to wear in order to make a person look natural and well-groomed.

Shaving the Face

Young men begin to have facial hair during the teen years. Most young men begin to shave when the facial hair begins to darken and become coarse. Shaving improves the appearance and promotes cleanliness. To shave the beard, use one of the following methods:

1. Shave with a safety razor:
   a. Apply a shaving cream or lather to soften the beard.
   b. Shave in the same direction that the hair grows, using short, careful strokes with a sharp blade.
   c. Rinse carefully to remove any cream or lather.
   d. Apply an after-shave lotion or a moisturizing cream or lotion.
2. Shave with an electric shaver:

   --Follow the manufacturer's instructions.

Removing Hair from Legs and Underarms

Women shave and/or use depilatories to remove leg and underarm hair. Use one of the following methods to remove unwanted hair:

1. Shave with a safety razor:
   a. Apply a shaving cream or lather to soften the unwanted hair.

b. Shave in the same direction that the hair grows, using short, careful strokes with a sharp blade.
c. Rinse carefully to remove any cream or lather.
d. Apply a moisturizing cream or lotion.

2. Shave with an electric shaver:

--Follow the manufacturer's instructions.

3. Use a depilatory (a cream or lotion that removes hair chemically).

--It is very important that you follow the directions given on the package.

Bathing

Bathing removes dirt, bacteria, and body oils. It makes you feel better, look better, and smell better. Use one of the following methods for bathing the body.

1. Take a shower or tub bath daily. Be sure to clean the folds and creases in areas such as the armpits, toes, and genital and anal areas. Perspiration, dust, and bacteria collect in these areas causing body odor.

2. Take a "sponge" bath when a tub or a shower is not available.

   a. Use two pans of warm water, a washcloth, soap, and a towel. Use one pan for washing and one for rinsing.
   b. Add two tablespoons of baking soda or four tablespoons of vinegar to the rinse water to remove sour odors and perspiration.
   c. Starting with the face, neck, and ears, wash your entire body a section at a time. Wash, rinse, and dry each part before going on to the next.
   d. Change the water when it looks dirty.

After bathing the body, you may want to apply talcum powder or cornstarch. These products absorb body perspiration. To assure that the body will stay fresh smelling longer, use a deodorant or an antiperspirant under your arms after bathing.

If you perspire heavily under the arms, use an antiperspirant. An antiperspirant is a substance which closes the pores and reduces or stops perspiration as well as odor. (Read labels to be sure you are buying an antiperspirant and not just a deodorant. Some products include both antiperspirants and deodorants.)

If you don't perspire heavily, use a deodorant to prevent unpleasant underarm odor. A deodorant controls odor by killing the bacteria on the skin. It allows you to perspire normally.

Student Information

CARING FOR THE HAIR, MOUTH, HANDS, AND NAILS

General care of the skin and body is important to good health and body cleanliness. However, skin and body cleanliness is not enough. Attention should be given to the care of the hair, mouth, hands, and nails. These areas of the body need specific care in order to produce a pleasing appearance as well as promote good health.

Hair Care

Healthy, clean, shiny, and well-cut hair is the beginning and the basis of a good hairstyle. There are many types of hair: oily, dry, normal, curly, fine-textured, coarse-textured, etc. You need to know what type of hair you have in order to take care of it.

Several factors contribute to keeping your hair healthy:

- --Shampooing regularly. You should shampoo your hair at least once a week--or more often if it is oily.
- --Conditioning regularly. Applying a conditioner rinse after shampooing helps to reduce tangles and static electricity. You may choose to condition your hair after every shampoo or after every other shampoo.
- --Brushing and combing your hair regularly. This process will remove dust and dirt from the hair. It will also stimulate the scalp and distribute the natural oil through the hair.
- --Trimming the hair periodically. Trimming the hair removes dry, split ends.

The hairstyle you choose will depend on the latest styles and what looks good on you. Natural parts, the shape of your face, and cowlicks sometimes limit the style you can wear. Ask a skilled hair stylist to recommend the best style for you.

To shampoo your hair:

1. Choose a shampoo that is best for your type of hair: normal, oily, or dry.
2. Lather the hair with water and shampoo.
3. Scrub the scalp and hair. Rinse well.
4. Lather and scrub again. Rinse thoroughly with clean water.
5. Apply a creme rinse or a conditioner, if desired. Follow the directions on the product label.
6. Dry and/or style the hair.
7. Wash your brush and comb with soap and water or with ammonia and water each time you wash you hair. This will help keep your hair clean.

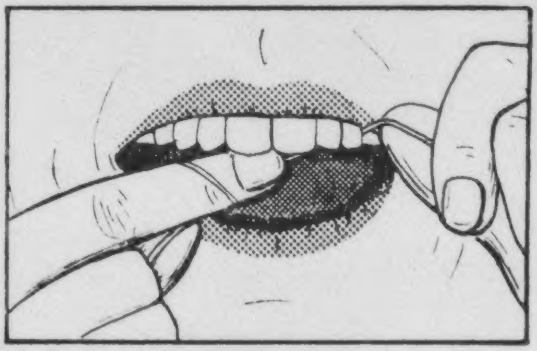
Some flaking of the scalp is normal. If it is severe, the condition is called dandruff. Use an over-the-counter dandruff shampoo or rinse to control the problem. If this does not help, consult your doctor. A prescription medication may be necessary.

Oral Hygiene

The care of the mouth and teeth is called oral hygiene. Practicing good oral hygiene will help prevent decay of your teeth and will help you have a pleasant breath. Observe the following points for good oral hygiene.

1. Brush your teeth after every meal if possible. Use a toothpaste which says on the label that it is nonabrasive (won't scratch the enamel of your teeth) and contains flouride (a substance that helps prevent decay.)

2. Clean between your teeth daily with dental floss. Dental floss is a loosely twisted thread used to clean between the teeth. Flossing not only cleans the teeth; it also helps prevent gum disease caused from improper cleaning.



3. Eat the right kinds of food. Avoid carbonated beverages, candies, and sweets. These promote tooth decay.
4. For a fresher smelling breath, use a mouth wash. If you continue to have bad breath after using a mouth wash, consult your dentist. There may be tooth decay or a gum infection that needs special attention.
5. **See your dentist twice a year. He/she will clean your teeth, check for cavities, and advise you if your gums need special care. Your dentist can also determine whether your teeth need straightening.**

Washing Your Hands

Wash your hands often during the day. Be sure to wash them before eating and handling food, after using the toilet, and after any contact with people who are sick with colds or other infectious illness or condition.

1. Rinse the hands in warm water to soften the dirt.
2. Soap thoroughly over the entire surfaces of the hands.
3. Scrub around nails with a brush while washing hands to remove dirt and bacteria.
4. Repeat the lathering.
5. Rinse thoroughly to remove dirt and soap residue.
6. Dry thoroughly with a clean towel.
7. Apply a hand lotion or cream, if hands are chapped.

Care of Nails

1. Clean under the nails with a nail file daily.
2. Manicure the fingernails weekly.
   a. Gently clean under the nails.
   b. Remove nail polish using a cotton-ball and a gentle polish remover, if applicable.
   c. Smooth edges and shape nails with an emery board. (Move emery board in one direction only since sawing back and forth damages the nail.)
   d. Scrub nails in warm, sudsy water using a nail brush. Gently push the cuticles (the skin around the nail) back. Dry hands thoroughly.
   e. Clip off hangnails.
   f. Apply hand lotion.
   g. Apply nail polish, if applicable.
3. Every two to three weeks give your feet a pedicure. A pedicure helps your feet feel more relaxed and your shoes feel more comfortable.
   a. Gently clean under the toenail.
   b. Soak your feek in warm, soapy water.
   c. Scrub the toenails and heels with a small, stiff brush.
   d. Dry feet and toes thoroughly.
   e. Trim toenails straight across.
   f. Smooth nail edges with an emery board.
   g. Apply a body lotion and massage.

Student Self-Check

PERSONAL CARE

Directions: Answer the following questions on a separate sheet of paper. Check your answers against those provided on p. 9.

1. __________ skin looks fresh, is evenly smooth, and is free of oil and dryness.
2. __________ skin may look flaky, chapped, rough, and dull.

3. __________ skin has a wet, shiny look.

4. __________ is a lotion made with alcohol. It is applied after cleaning oily skin to close pores.

5. Name three possible causes of acne.

6. Bathing the body removes ______ and ______.

7. __________ is a substance which closes the pores and reduces or stops perspiration as well as odor.

8. Severe flaking of the scalp is called __________.

9. The care of the mouth and teeth is called __________.

Student Information

YOUR CLOTHING

The clothes you wear say something about the way you feel about yourself. The color and types of clothing that you select often reflect your personality--bubbly and bright, sporty, reserved, shy, etc. Your clothing choices should be based on several things:

--your needs
--your personality
--your activities
--the climate

Some points to keep in mind when selecting clothes are listed below:

1. Buy and/or make clothes that you can mix and match. This allows you to be able to make several outfits from a few pieces of clothing.

2. Buy clothes that are of a good quality. Check for the following:

    --Seams are well sewn.
    --Fasteners are attached securely.
    --The garment hangs evenly when worn.
    --The garment is free of stains or flaws.

3. Choose basic styles as the basis of your wardrobe. Basic styles can be "dressed up" or "dressed down" depending on the occasion.

4. Choose a few basic colors so that you can mix and match. Choose colors that complement your natural coloring.

5. Choose accessories such as belts, necklaces, scarves, etc., that can be worn with several outfits.

6. When buying clothes, be sure to try them on before you purchase them. This will avoid the problems of returning the merchandise or keeping items that you don't really like.

7. Choose clothing that meets your needs. Avoid buying garments that you will not wear very often.

8. Choose clothes that are easily cleaned. Clothes that must be dry-cleaned become more costly than their purchase price.

It is important to keep your clothes clean. Check your outer clothing for cleanliness before wearing. Be sure that the garment is free of soil and body odor. Change your underwear daily. This will keep you fresh smelling and make you feel better too. Follow the care instructions on the label of the garment in order to keep your clothes looking the very best.

Student Self-Check

CLOTHING SELECTION AND CARE

Directions: On a separate sheet of paper, answer the following question. Check your answers against those provided on p. 9.

List four points to keep in mind when selecting clothing for your wardrobe.

Student Self-Check

ANSWERS
PERSONAL CARE

1. Normal
2. Dry
3. Oily
4. An astringent
5. --the collection of dirt and oil in the pores of the skin
   --bacterial growth
   --stress and tension
   --hormonal changes occurring in the body
   --heredity
6. --dirt
   --bacteria
   --body oils
7. An antiperspirant
8. Dandruff
9. Oral hygiene

Student Self-Check

ANSWERS
CLOTHING SELECTION AND CARE

--Buy and/or make clothes that you can mix and match.
--Buy clothes that are of a good quality.
--Choose basic styles as the basis of your wardrobe.
--Choose a few basic colors so that you can mix and match.
--Choose accessories such as belts, necklaces, scarves, etc., that can be worn with several outfits.
--When buying clothes, be sure to try them on before you purchase them.
--Choose clothing that meets your needs.
--Choose clothes that are easily cleaned.

Evaluator's Final Checklist

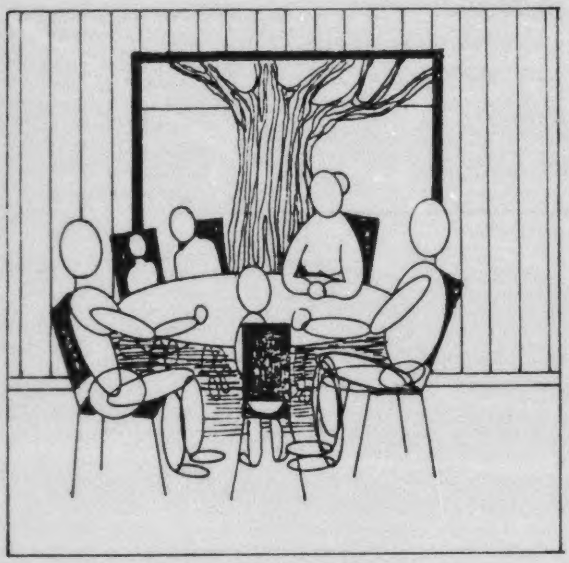
PERSONAL APPEARANCE AND GROOMING

Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
The student completed the Check-Out Activity Sheet with 80% accuracy.	( )	( )	( )

HUMAN DEVELOPMENT

PUBERTY



INTRODUCTION

Puberty is the period of growth and change which makes a male or female capable of reproduction. Many physical and emotional changes occur during this stage of transition from child to adult. In this module you will learn about puberty and how it affects an individual.

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVE

When you finish this module, you will be able to complete a test on puberty with 80% accuracy.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, PUBERTY.

LEARNING ACTIVITIES

1. READ Student Information, PHYSICAL CHANGES DURING PUBERTY, p. 3-4,

   (and/or)_______________.

2. VIEW the filmstrips, provided by your instructor, about puberty. DISCUSS the filmstrip(s) in a large or small group of classmates,

   (and/or)_______________.

3. LISTEN to your instructor as she/he tells about the psychological, social, and emotional changes during puberty,

   (and/or)_______________.

4. EXPLAIN to a young person who is having a typical problem relating to puberty what is happening to them during this stage of life. Your instructor will provide you with specific case situations. CHOOSE one situation and either RECORD your explanation on a tape recorder or TELL a small group of students your explanation,

   (and/or)_______________.

5. COMPLETE Student Self-Check, PUBERTY, p. 4.

6. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

Student Information

PHYSICAL CHANGES DURING PUBERTY

The period of growth and change during which a male or female becomes sexually mature and capable of reproduction is called puberty. In females this may happen at any age from around ten to about sixteen. Males average reaching puberty a few years later than females although the average age varies between eleven and fourteen.

Puberty begins in both males and females when the pituitary gland releases certain hormones. The pituitary gland is a tiny, pea-sized gland located at the base of the brain. It is often referred to as the "master gland" because it organizes the work of the other glands of the body. It releases specific hormones, (chemical substances), into the blood stream. When these hormones reach the receiving gland, that gland is stimulated to begin a specific function.

The Female

Specific hormones will determine changes in the female's physical appearance and even influence the way she feels emotionally. The time during which these changes occur varies from two to four years or more, but the average female will reach sexual maturity by age sixteen. At this time, her reproductive system will be capable of conceiving and bearing a child. But this is not the best time for bearing children. The rest of the body needs more time to reach its best time for childbearing. (The best years for childbearing, as far as the female's physical development, is said to be ages 20-24.)

During puberty in the female, a number of physical changes will occur. These physical changes include the following:

--The breasts will grow and develop.
--The hips will broaden, and the pelvic area will begin to widen, deepen, and tilt forward.
--Hair will grow under the arms and in the pubic area (on the lower part of abdomen and between the legs).
--The outer folds of skin (the labia) that cover the entrance to the female reproductive organs will develop.
--The lining of the vagina will begin to thicken. (The vagina is the passageway from the outside of the body to the internal female organs.)
--The uterus will double in size. (The uterus is the organ that houses a baby or babies during pregnancy.)
--Menstruation begins.
--Skin blemishes may occur due to hormones and overly productive oil glands.

The Male

Changes are more gradual in the male during puberty as compared to the female. The changes may take from four to seven years to complete. These changes include the following:

--The penis and scrotum will begin to grow and develop.
--Breasts often swell, get sore, and have a discharge.
--Hair will grow around the genitals (external sex organs), under the arms, and later on the chest.
--The beard will begin to grow and darken on the upper lip and chin.
--Wet dreams, (the release of semen), may occur during sleep.
--Sexual drives will be especially strong.
--The chest will deepen, the shoulders will widen, and the larger muscles of the arms, legs, and trunk will become stronger.

--The vocal cords will thicken. This will probably cause changes in the voice.

--Sweat glands and oil glands may become overactive causing acne or pimples, especially on the face.

--The body will grow faster in certain places making it seem out of proportion. (For example, the feet and hands may become proportionally too large for the rest of the body. The nose and the ears also may seem out of proportion to the rest of the face until full growth is reached.)

Student Self-Check

PUBERTY

Directions: On a separate sheet of paper answer the following questions. Check your answers against those provided on p. 5.

1. List five physical changes that occur in females during puberty.

2. List five physical changes that occur in males during puberty.

3. List five psychological, social, or emotional changes that occur in males and females during puberty.

Student Self-Check

ANSWERS
PUBERTY

1. --The breasts will grow and develop.
   --The hips will broaden and the pelvic area will begin to widen, deepen, and tilt forward.
   --Hair will grow under the arms and in the pubic area.
   --The outer folds of skin (the labia) that cover the entrance to the internal female reproductive organs will develop.
   --The lining of the vagina will begin to thicken.
   --The uterus will double in size.
   --Menstruation begins.
   --Skin blemishes may occur due to hormones and overly productive oil glands.

2. --The penis and scrotum will begin to grow and develop.
   --Breasts often swell, get sore, and have a discharge.
   --Hair will grow around the genitals, under the arms, and later on the chest.
   --The beard will begin to grow and darken on the upper lip and chin.
   --Wet dreams, (the release of semen), may occur during sleep.
   --Sexual drives will be especially strong.
   --The chest will deepen, the shoulders will widen, and the larger muscles of the arms, legs, and trunk will become stronger.
   --The vocal cords will thicken often causing a change in the voice.
   --Sweat glands and oil glands may become overactive causing acne or pimples, especially on the face.
   --The body will seem to grow in areas making the body seem out of proportion.

3. --Both males and females may worry about how they look to others of their peer group.
   --If they develop more slowly than their peers, they may worry about whether or not there is something wrong with them.
   --Puberty normally causes the development of the capacity for mature love.
   --Puberty normally causes the development of a social awareness.
   --Both may begin to desire to be independent and self-reliant.
   --Both may develop poor posture due to self-consciousness about their bodies.
   --Both may feel guilty or ashamed about sexual feelings and activities such as masturbation. (Masturbation is touching or rubbing one's sex organs to cause sexual excitement.)
   --Both should begin to learn self-control of emotions.
   --Both may have abrupt changes in moods.
   --Females may be tense, irritable, and depressed before their menstrual periods.
   --Both may feel inferior to their peers in many ways.
   --Both may develop romantic and sexual yearnings.

Evaluator's Final Checklist

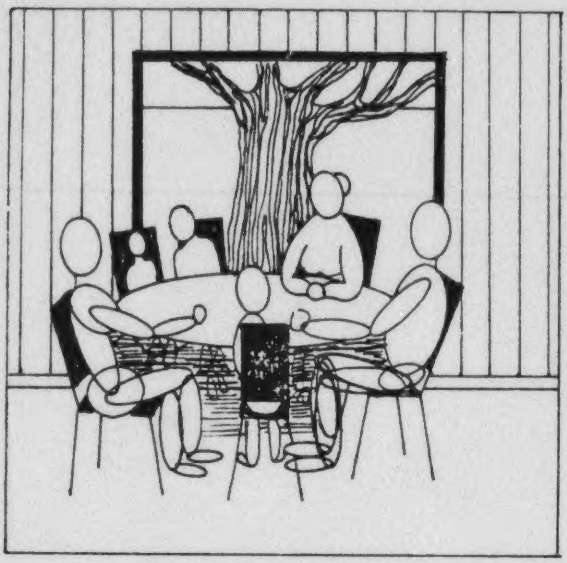
PUBERTY

Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
The student completed the Check-Out Activity Sheet with 80% accuracy	( )	( )	( )

HUMAN DEVELOPMENT

MENSTRUATION



INTRODUCTION

Menstruation normally occurs in females somewhere around the age of 13. It continues until the female reaches the age of 45-50 when the menstrual process begins slowing to a stop. The menstrual cycle is a normal function that prepares the body for pregnancy. In this module you will learn about the menstrual cycle and menstruation.

Read the Objective. If you feel you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVE

When you finish this module you will be able to complete a test about menstruation with 80% accuracy.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, MENSTRUATION.

LEARNING ACTIVITIES

1. READ Student Information, MENSTRUATION AND THE MENSTRUAL CYCLE, pp. 3-5,

   (and/or)_______________.

2. VIEW a filmstrip on menstruation provided by your instructor,

   (and/or)_______________.

3. COMPLETE Student Self-Check, MENSTRUATION AND THE MENSTRUAL CYCLE, p. 6,

4. READ Student Information, MENSTRUAL PROTECTION, p. 6,

   (and/or)_______________.

5. EXAMINE a display of feminine hygiene products provided by your teacher. READ the directions that accompany each product,

   (and/or)________________.

6. READ Student Information, DO's AND DON'Ts--ESPECIALLY FOR MENSTRUAL DAYS, p. 7,

   (and/or)________________.

7. COMPLETE Student Self-Check, CARING FOR THE BODY DURING MENSTRUATION, p. 7.

8. WORK with your instructor to plan and carry out a related FHA/HERO activity,

   (and/or)________________.

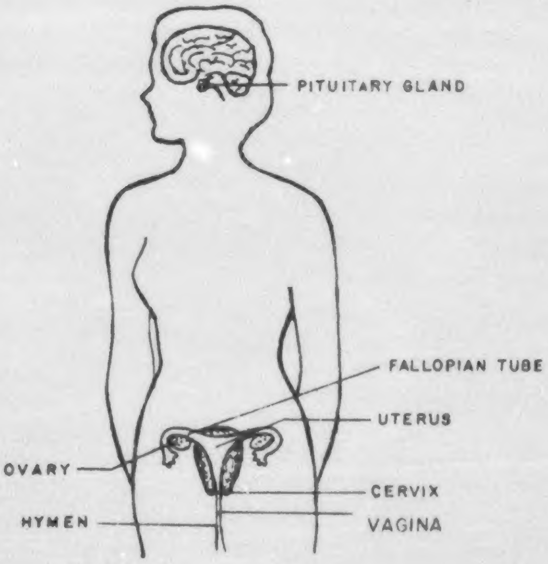
9. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

Student Information

MENSTRUATION AND THE MENSTRUAL CYCLE

When a girl reaches the preteen and early teen years, the pituitary gland begins to send hormones into the body. The pituitary (pin-TOO-ih-TER-ee) gland is a pea-sized organ at the base of the brain. It is called the "master gland" because it organizes the other glands of the body and helps them work together smoothly.

Hormones are body chemicals that determine the sexual development of a person. They cause:
--the breasts to develop,
--underarm hair and pubic hair to grow,
--the sex organs to develop and change,
--menstruation to begin,
--eggs to grow and to be released from the ovaries,
--preparation of the uterus for pregnancy.



The female reproductive system includes the following internal organs.

Ovaries (O-vries) - the two female reproductive glands where eggs, called ova, are stored. (One egg is called an ovum.)

Fallopian (fa-LOW-pee-an) tubes - the two small tubes that branch from either side of the uterus and extend into the cavity of the uterus. They are the passageways for the ovum to get from the ovary to the uterus.

Uterus (YOO-ter-is) - the pear-shaped muscular organ that holds an unborn, growing baby during pregnancy. It is sometimes called the womb.

Cervix (SIR-vicks) - the lower part of the uterus that projects into the vagina.

Vagina (vih-JY-na) - the passageway from the uterus to the outside of the body. It is sometimes referred to as the birth canal.

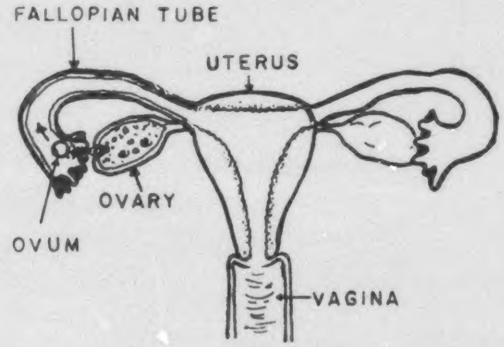
Hymen (HY-men) - a narrow fold of tissue which may encircle the entrance of the vagina.

The menstrual cycle is a normal body process. It occurs in most girls by the age of thirteen, but it may occur as early as nine or as late as seventeen. The process of menstruation continues in most women until they are forty-five to fifty years of age. At that time the hormones change and the menstrual process begins slowing to a stop.

The menstrual cycle goes from the beginning day of menstruation until the beginning day of menstruation the next month. It averages about twenty-eight (28) days. Some women have shorter cycles while others have longer ones. Not everyone has the same cycle. The days of menstruation are often called "menstrual period" or just "period."

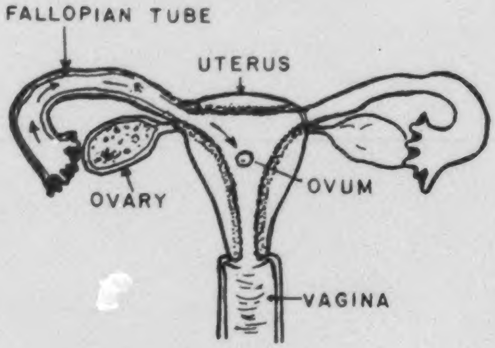
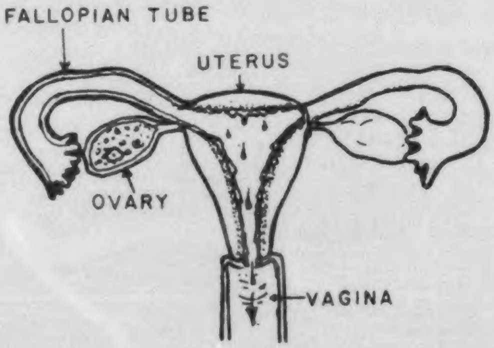
In the following chart, the processes occurring during the menstrual cycle are explained beginning with the first day of the menstrual flow.

THE MENSTRUAL CYCLE

Days	The Process Occurring
1-5	The menstrual flow is discharged from the vagina. This bloody discharge is called menses. The total amount of menses during this period is only about one to two ounces. Some girls and women may experience slight cramps and/or a feeling of heaviness or stuffiness during menstruation.
6-14	Hormones from the pituitary gland act on the ovaries and cause: (1) growth of the ovum, and (2) production of another hormone called estrogen. The estrogen is carried by the bloodstream from the ovaries to the uterus. It causes the lining of the uterus to grow and become thick and spongy. This is the process of preparing the uterus to nourish a baby during pregnancy, if pregnancy should occur.
14-16	 On about the fourteenth day of the cycle, an ovum is released from an ovary. This process is called ovulation. It is controlled by a hormone.

43

THE MENSTRUAL CYCLE

Days	The Process Occurring
17-28	 FALLOPIAN TUBE UTERUS OVARY OVUM VAGINA After the ovum is released from the ovary, it enters the fallopian tube and begins to travel to the uterus. If fertilization of the ovum by a sperm cell from the male does not occur, a hormone causes the thick, spongy lining to break down. The lining is discharged along with the ovum from the uterus through the vagina. (This is the menstrual flow.) A new cycle will now begin.  FALLOPIAN TUBE UTERUS OVARY VAGINA If fertilization should occur, a hormone takes over and prevents the lining of the uterus from breaking down. The lining acts as nourishment for the baby. Menstruation would not normally occur again until after the baby is born.

Student Self-Check

MENSTRUATION AND THE MENSTRUAL CYCLE

Directions: Write the answers to the following questions on a separate sheet of paper. Check your answers against those on p. 8.

1. Around what age does menstruation occur in most girls?
2. What controls the sexual glands?
3. The menstrual cycle averages about _____ days from first day of one period to the first day of the next.
4. The small amount of blood that is discharged from the vagina is called _____.
5. Name two discomforts that a female may experience during menstruation.
6. The pituitary gland causes the ovaries to produce a hormone that thickens the lining of the uterus. This hormone is called _____.
7. An egg (or ova) is released from an ovary on about the fourteenth day of the cycle. This process is called _____.

Student Information

MENSTRUAL PROTECTION

During the period of menstruation, the flow of blood will be such that you must protect your clothing from the flow. There are several different methods of menstrual protection available from a variety of companies. You will want to experiment to see which products best meet your individual needs, comforts, and convenience. The following types are available.

External Protection

1. Some sanitary napkins (or pads) are designed to be worn with a belt or pins or with a special panty designed for holding the napkins securely in place. Napkins come in a variety of sizes and absorbencies.

2. Beltless pads are designed to be worn without a belt or pins. They have an adhesive area on the bottom of the pad that will stick temporarily to any panties while needed. These pads also come in a variety of sizes and absorbencies.

Internal Protection

Tampons are designed to be worn internally. A tampon absorbs the menstrual flow while it is inside the vagina. It is inserted using a finger, a tube, or a stick applicator. It will take some practice to learn to insert a tampon properly. Tampons can be used by young girls as well as older women. They also come in a variety of absorbencies.

Note: Tampons have been said to cause toxic shock. You may want to check with your doctor before you decide on what you will use for protection.

Disposal of Napkins, Pads, or Tampons

Proper disposal is most important for sanitary reasons. Napkins and pads should never be flushed down the toilet. This will stop up the toilet. Wrap the napkin in toilet paper, tissue, or other wrapper before disposing of it in a "used napkin" container or a waste basket. Most tampons recommend flushing after use but this may be unwise in some homes due to plumbing problems. Never flush the tubes or stick applicators.

Student Information

DOs AND DON'Ts--ESPECIALLY FOR MENSTRUAL DAYS

A great deal has been said about what women should or should not do during menstruation. Much of what has been said is not based upon fact. Read the following DOs and DON'Ts for good advice for menstrual days as well as other days.

DO

1. Eat properly. Follow a good basic diet. Eat plenty of whole grain cereals, fruits, vegetables, eggs, and cheese. Drink plenty of milk.
2. Drink lots of liquids. Six to eight glasses of water a day will help keep your body functions regular.
3. Get plenty of sleep--at least eight hours each night.
4. Exercise. This may make you feel better and can help to curb cramps. Sports such as swimming, biking, tennis, volleyball, etc., are excellent and are fine to participate in even during your menstrual period
5. Practice good posture.
6. Practice good personal hygiene and grooming procedures. This is especially important during your period. Even though the menstrual flow is odorless, it does develop an odor as it leaves the body and reaches the air. Other body odor may also be stronger during menstruation and extra personal care must be taken during this time.

DON'T

1. Don't eat sweets, snacks, and rich desserts. These can cause complexion problems.
2. Don't make an invalid of yourself. The idea of staying in bed the first day of your menstrual period is nonsense. Keep active.
3. Don't listen to "old wives tales." Be in-the-know and understand that what is happening to you is totally normal and natural.
4. Don't change habits during your menstrual cycle. Be sensible about your health all month long.

Student Self-Check

CARING FOR THE BODY DURING MENSTRUATION

Directions: On a separate sheet of paper, number from 1-8. These sentences below are true and false statements. Decide which ones are true and which ones are false. Every sentence has an underlined word. If the statement is true, write "T" beside the number on your paper. If it is a false statement, make it true by writing the correct word that replaces the underlined word beside the number on your paper. Check your answers against those provided on p. 8.

1. There are two types of menstrual protection.
2. Tampons are an external protection.
3. Beltless pads are an internal protection.
4. Napkins and pads can be disposed of by flushing.
5. Body odors may become stronger during menstruation.
6. Four glasses of water daily are enough to regulate your body functions.
7. Exercise will make you feel better and can help to curb cramps.
8. A diet that includes sweets, snacks, and rich desserts should be a part of daily routine.

Student Self-Check

ANSWERS
MENSTRUATION AND THE MENSTRUAL CYCLE

1. 13 years

2. Pituitary gland

3. 28

4. Menses

5. --Slight cramps
   --Heaviness
   --Stuffiness

6. Estrogen

7. Ovulation

Student Self-Check

ANSWERS

CARING FOR THE BODY DURING MENSTRUATION

1. T

2. Internal

3. External

4. Wrapping in tissue and placing in a garbage container

5. T

6. Six to eight

7. T (both)

8. Whole grain cereals, fruits, vegetables, eggs, cheese and milk

Evaluator's Final Checklist

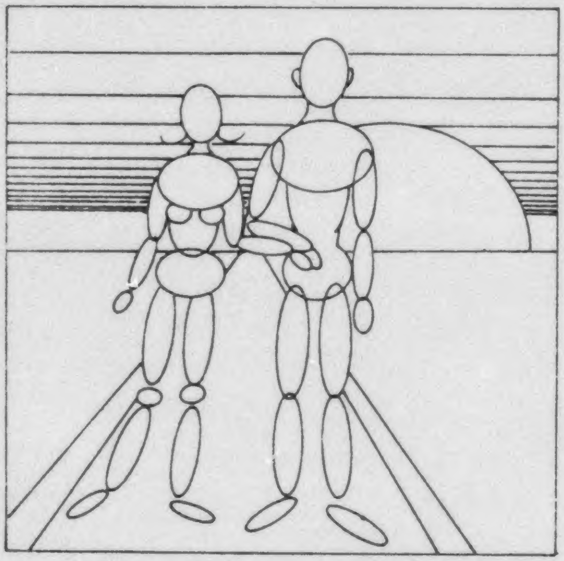
MENSTRUATION

Performance Level: All items must receive [illegible] rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
The student completed the Check-Out Activity Sheet with 80% accuracy	( )	( )	( )

HUMAN DEVELOPMENT

THE PARTS AND FUNCTIONS OF THE HUMAN REPRODUCTIVE SYSTEMS



INTRODUCTION

Sexual development is a natural part of growing up. Puberty is the name given to the period during which human beings become capable of reproduction. A lot of changes take place in a young person during this period. In this module you will learn the parts and functions of the male and female reproductive systems and how conception takes place.

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVES

When you finish this module you will be able to complete a test about the male and female reproductive systems and a test about conception with 80% accuracy on each.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, THE PARTS AND FUNCTIONS OF THE HUMAN REPRODUCTIVE SYSTEMS.

LEARNING ACTIVITIES

1. READ and STUDY Student Information, TERMINOLOGY RELATING TO THE FEMALE REPRODUCTIVE SYSTEM, pp. 3-4,

   (and/or)________________.

2. COMPLETE Student Self-Check, IDENTIFYING THE PARTS OF THE FEMALE REPRODUCTIVE SYSTEM, pp. 4-5.

3. READ and STUDY Student Information, TERMINOLOGY RELATING TO THE MALE REPRODUCTIVE SYSTEM, pp. 6-7,

   (and/or)_______________.

4. COMPLETE Student Self-Check, IDENTIFYING THE PARTS OF THE MALE REPRODUCTIVE SYSTEM, pp. 8-9.

5. VIEW a filmstrip about the parts and functions of the male and female reproductive systems provided by your instructor,

   (and/or)_______________.

6. PLAY "Call-Out Bingo" with a group of class members according to the directions of your instructor,

   (and/or)_______________.

7. READ and STUDY Student Information, CONCEPTION, pp. 10-11,

   (and/or)_______________.

8. VIEW a filmstrip about conception provided by your instructor,

   (and/or)_______________.

9. COMPLETE Student Self-Check, CONCEPTION, p. 12.

10. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

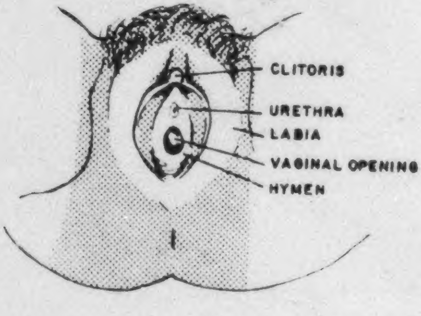
Student Information

TERMINOLOGY RELATING TO THE FEMALE REPRODUCTIVE SYSTEM

A basic knowledge of terms related to the female and male reproductive systems is necessary in order to understand the remainder of this module and the modules on reproduction.

"Genitalia" (Jen-ih-TALE-yuh) or "Genitals" (Jen-ih-TALS), meaning the sex organs (especially the external organs), is a word that you will see often. It refers both to male and female organs. Pubic (PYOO-bik) is also a word you should know. It refers to the lower part of the body around the genital area.

Other terms relating to the female reproductive system are given below.



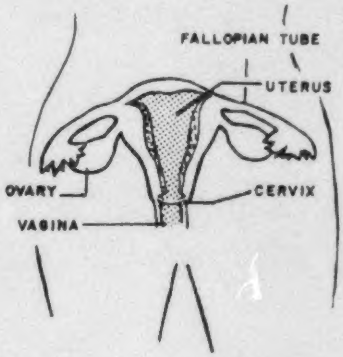
Labia (LAY-be-uh)
--The external, fleshy folds of skin which cover and protect the genital area.

Clitoris(KLIT-uh-ris)
-- A small organ in the front of the pubic area where the labia meet. It is extremely sensitive to stimulation.

Urethra (u-REE-thruh)
--The passage from the bladder to the outside of the body. It is located between the clitoris and the vaginal opening.

Vagina (vih-JY-nuh) or vaginal (va-JIN-al) opening
--The birth canal; the only outside opening into the internal reproductive organs.

Hymen (HY-men)
--A narrow fold of tissue which may cover the entrance of the vagina. It is the dividing line between the external and the internal female reproductive organs. This tissue is easily stretched and torn. The presence of the hymen does not represent virginity. Its absence does not mean that a female has had sexual intercourse.



Cervix (SIR-vicks)
--The lower part of the uterus (womb) that projects into the vagina. It is sometimes referred to as the mouth of the womb or the neck of the uterus.

Uterus (YOO-ter-is)
--Sometimes called the womb. It is a pear-shaped, muscular reproductive organ which holds the fertilized egg during pregnancy. This organ has the ability to increase greatly in size during pregnancy and return to its smaller size following the birth of the baby.

Fallopian (fa-LOW-pee-an) tubes or oviducts

--The two small tubes that branch from either side of the upper parts of the uterus and extend into the cavity of the uterus. The fallopian tubes are lined with tiny hair-like projections which help the egg through the tubes toward the uterus. When conception occurs, it generally takes place in the outer one-third of the fallopian tubes.

Ovary (O-vry)

-- A female has two ovaries, one located on the end of each fallopian tube. The two almond-shaped sex glands perform the following functions:.

(a) Produce female hormones called estrogen and progesterone,

(b) Hold thousands of egg cells called ova which are present from birth, and

(c) Release a ripened ovum, usually monthly. This release is called ovulation.

Student Self-Check

IDENTIFYING THE PARTS OF THE FEMALE REPRODUCTIVE SYSTEM

Directions: Number a sheet of paper from 1-10. Beside the description of each reproductive part (on p. 5), write its name. Then, locate the part on the illustration and write its number beside the name. Check your answers against the ones provided on p. 13.

Female Reproductive Organs

Cervix

Clitoris

Fallopian tubes

Hymen

Labia

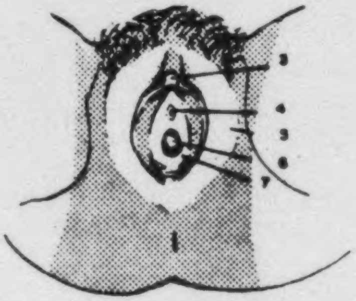
Ovaries

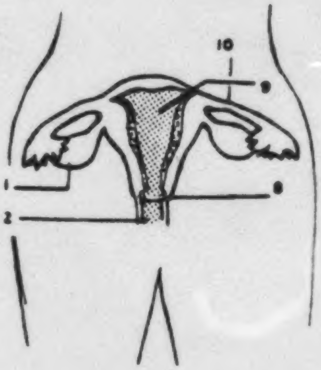
Urethra

Uterus

Vagina

Vaginal opening

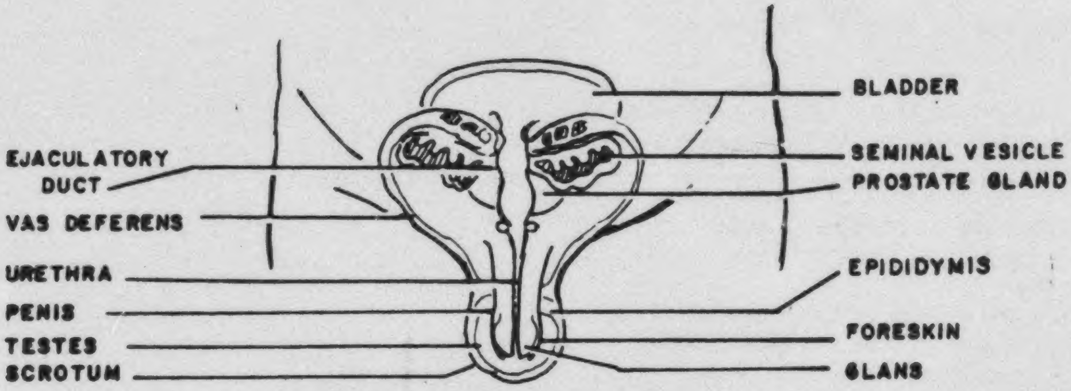




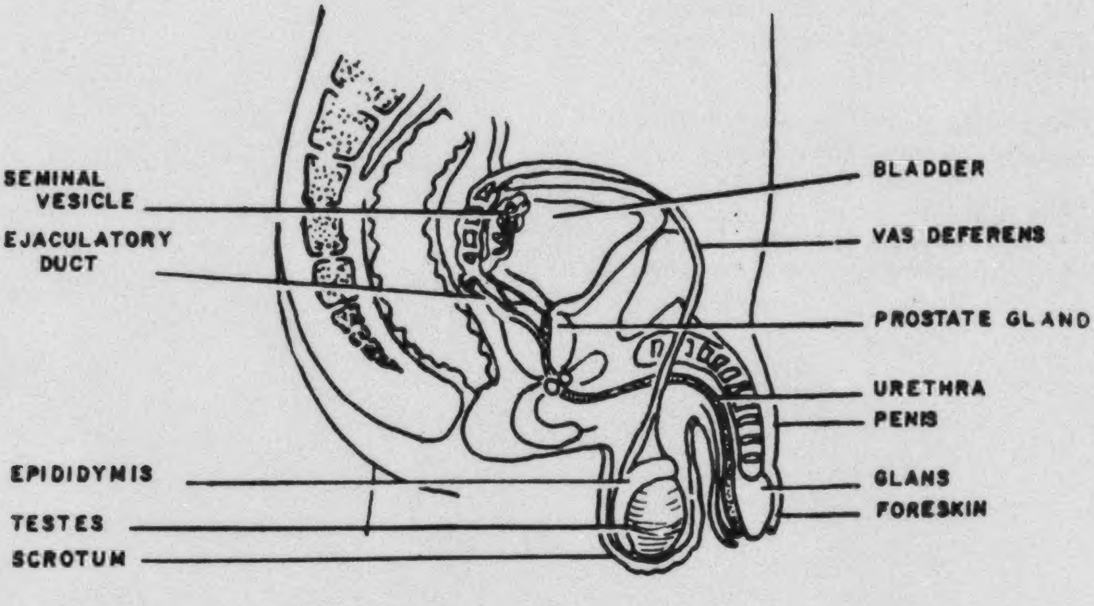
	Description	Name	Number
1.	The lower part of the uterus that extends down into the vagina is the	____________	______
2.	The opening from the bladder is called the	____________	______
3.	The opening from the outside of the body into the internal reproductive organs is the	____________	______
4.	The pear-shaped organ that expands during pregnancy is the	____________	______
5.	The outer folds of flesh which cover and protect the genital area are called the	____________	______
6.	The female reproductive glands are the	____________	______
7.	The organ located where the labia meet that is extremely sensitive to stimulation is the	____________	______
8.	The tube (oviduct) which transports the ripened and released egg to the uterus is the	____________	______
9.	The female reproductive part that is called the birth canal is the	____________	______
10.	The narrow fold of tissue which may cover the vaginal opening is called the	____________	______

Student Information

TERMINOLOGY RELATING TO THE MALE REPRODUCTIVE SYSTEM


BLADDER
EJACULATORY DUCT
SEMINAL VESICLE
PROSTATE GLAND
VAS DEFERENS
URETHRA
EPIDIDYMIS
PENIS
TESTES
FORESKIN
SCROTUM
GLANS

FRONT VIEW


SEMINAL VESICLE
BLADDER
VAS DEFERENS
EJACULATORY DUCT
PROSTATE GLAND
URETHRA
PENIS
EPIDIDYMIS
GLANS
FORESKIN
TESTES
SCROTUM

SIDE VIEW

Penis (PEE-nis)
--The cylinder-shaped organ filled with spongy tissue and located on the outside of the body. The penis is the part of the male genitalia which enters the female's vagina during sexual intercourse. It is also the outlet used for urination.

Glans (GLANZ)
--The end of the penis is called the glans. It is a very sensitive area. There is a fold of skin covering the glans called the foreskin. The foreskin is often removed by surgery at birth for religious or sanitary reasons. This is called circumcision.

Scrotum (SKRO-tum)
--The muscular sac of wrinkled skin located behind the penis. It is covered with fine hair and hangs between the thighs. The scrotum covers and protects the testes.

Testes (TESS-teez) or testicles (TESS-tih-k'ls)
--The two male reproductive glands which are enclosed in the scrotum. The testes perform the following functions:

(a) Produce sperm, the male cells of reproduction, and

(b) Produce testosterone (tes-TOS-ter-own). This is the male hormome which is responsible for the male sexual drive. It also causes the development of male characteristics such as facial hair, chest hair, underarm hair, pubic hair, and voice change.

Epididymis (ep-uh-DID-uh-mus)
--The tiny balloon-like structure on the top and back of the testes. It contains a twenty-foot length of tubing which is a passageway for sperm. Contractions of the tubes inside the testes move the sperm from the testes into the epididymis. The sperm mature in the epididymis, taking up to six weeks for this process.

Vas Deferens (vas-DEF-uh-renz)
--The two tubes leading from the epididymis of each testes to one of the seminal vesicles.

Seminal vesicles (SEM-ih-nul VEH-sih-k'ls)
--The two pouch-like structures behind the bladder. The sperm are stored in the seminal vesicles. The seminal vesicles produce a milky-looking solution which gives the sperm extra energy.

Prostate (PRAHS-tayt) **Gland**
--The structure that is located below the bladder and surrounds the upper part of the urethra. This gland secretes a material which is mixed with the milky-looking solution from the seminal vesicles to form semen. The semen protects and aids the sperm in their movement.

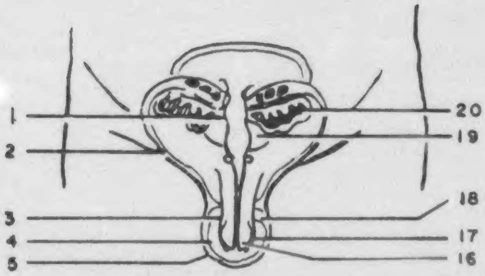
Ejaculatory Duct
--The small tube connecting the outlets of the seminal vesicles. This duct enters the urethra where it passes through the prostate gland.

Urethra (yu-REE-thruh)
--The passage from the bladder to the outside of the body. In the male, it runs through the penis. It serves the male in two ways: to pass urine and to transmit sperm.

Student Self-Check

IDENTIFYING THE PARTS OF THE MALE REPRODUCTIVE SYSTEM

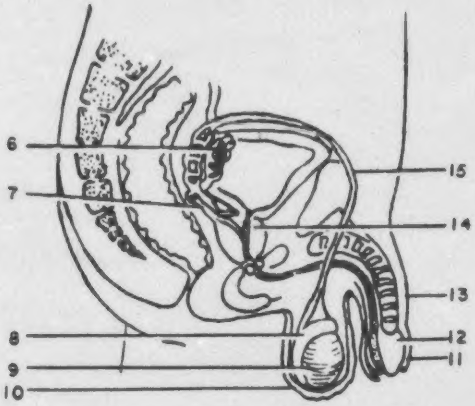
Directions: Number a sheet of paper from 1-10. Beside the description of each reproductive part, (on p. 9), write its name. Then, locate the part on the illustration and write its number beside the name. (There may be more than one drawing of some of the parts.) Check your answers against those provided on p. 13.



FRONT VIEW

Male Reproductive Organs

- Ejaculatory duct
- Epididymis
- Foreskin
- Glans
- Penis
- Prostate gland
- Scrotum
- Seminal vesicles
- Testes (testicles)
- Vas deferens



SIDE VIEW

Description	Name	Number
1. The part of the male that covers and protects the male organs which produce the sperm is the	______________	_____
2. Sperm are formed in the	______________	_____
3. Newly formed sperm accumulate (while they mature for possibly up to 6 weeks) in the	______________	_____
4. The male sex part that penetrates the female during sexual intercourse is	______________	_____
5. The area where sperm are stored. This area also produces a solution which gives sperm extra energy. It is the	______________	_____
6. The part of a male sex organ which is removed surgically for religious or sanitary reasons is the	______________	_____
7. The organ at the base of the bladder which forms semen and surrounds the urethra is the	______________	_____
8. A very sensitive part of the penis is the	______________	_____
9. The tubes that lead from the epididymis of each testis to one of the seminal vesicles is the	______________	_____
10. The male sex organ which connects the outlets of the two seminal vesicles is the	______________	_____

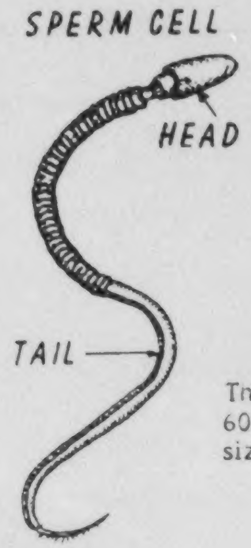
Student Information

CONCEPTION

Glossary of Terms

Egg--the female sex cell that is produced by the ovaries. It is also referred to as the ovum. (The plural of ovum is ova.)

Sperm--the male sex cell that is produced by the testes. Each sperm cell is 0.050 mm (0.002 inch) long. It has a cone-shaped head. The top of the head is filled with enzymes (EN-zymes). The enzymes are substances that break down the outside layers of the ovum so that the sperm can fertilize it. The sperm cell also has a long tail that helps it to move forward.



The illustration is 6000 times its actual size.

Conception (con-SEP-shun)--the process in which the male sperm joins the female ovum. This is the start of pregnancy. It is also called fertilization.

Semen (SEE-mun)--the fluid that moves the sperm through the male sex organs and is ejaculated (discharged) during intercourse.

Implantation--the process in which the fertilized egg attaches to the lining of the uterus.

Endometrium--the lining of the uterus.

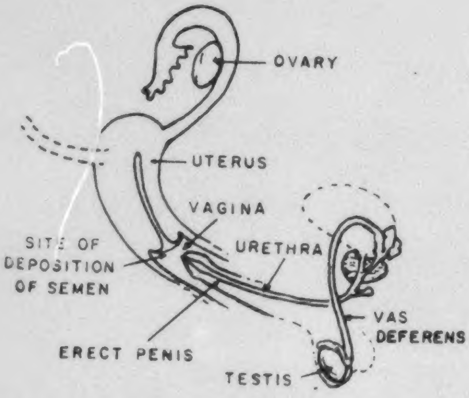
Embryo (EM-bree-oh)--the fertilized ovum during the first three months of pregnancy.

Ovulation

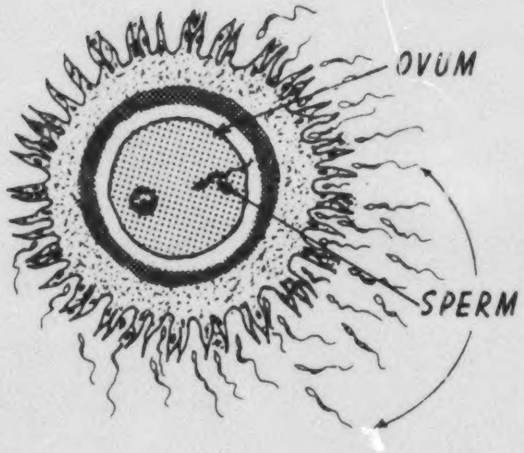
Ovulation (AH-vyoo-LAY-shun) occurs in females approximately once a month from puberty until middle age (menopause). Ovulation is the release of an egg, or ovum, from the ovary. The egg travels from the ovary through the fallopian tube to the uterus. This trip takes about seven days.

Fertilization

During sexual intercourse the penis is inserted into the vagina and millions of sperm are deposited near the mouth of the uterus.



The sperm move very rapidly in all directions. Some of the sperm will enter the uterus and proceed up through the fallopian tubes. This journey takes many hours and sometimes even several days. If there is an ovum in a fallopian tube during this time, a sperm cell can easily reach it. Enzymes that are in the top of the head of the sperm will then dissolve the outer layers that protect the ovum.



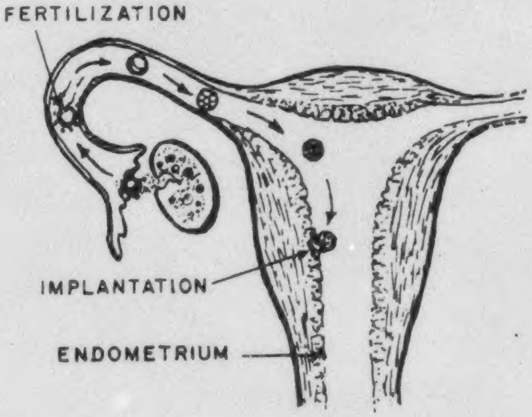
The ovum is usually about one third down the fallopian tube when this occurs. It is then possible for the sperm to enter the ovum. When the sperm and ovum are united, conception or fertilization occurs and pregnancy has begun. Only one sperm is needed to fertilize an ovum.

The period of time that an ovum is in the correct location for fertilization is about twenty-four hours. However, sperm may live in the fallopian tubes for several days before the ovum is in the tube. The time period in which conception could occur, then, is often several days.

Pregnancy can occur even if the penis is not actually inserted into the vagina. If semen is ejaculated close to the vaginal opening, the sperm can make their way up through the vagina, the uterus, and the tubes.

Implantation

After the ovum is fertilized, it continues its trip through the fallopian tubes. The cell is constantly dividing into many cells during this time. It will take it about four days to reach the uterus. The lining of the uterus, called the endometrium, has been preparing itself for pregnancy. The fertilized ovum will attach itself to the endometrium. This process is called implantation. The implanted cells, called an embryo, will grow and develop in the uterus during pregnancy.



Student Self-Check

CONCEPTION

Directions: Write the answers to the following fill-in-the-blank questions on a separate sheet of paper. Check your answers against those provided on p. 13.

1. The release of an ovum from the female ovary is called _______.
2. During sexual intercourse the _______ is inserted into the vagina.
3. When a sperm unites with an ovum, fertilization has occurred. This process is also called _______.
4. _______ sperm fertilize(s) an ovum.
5. The period of time that an ovum is in the correct location for fertilization is about _______.
6. The process in which the fertilized ovum attaches itself to the endometrium is called _______.
7. _______ in the top of the head of the sperm break down the outside layers of the ovum so that the sperm can fertilize it.
8. The fertilized ovum during the first three months or pregnancy is called an _______.

60

Student Self-Check

ANSWERS
IDENTIFYING THE PARTS OF THE FEMALE REPRODUCTIVE SYSTEM

1. Cervix 9
2. Urethra 4
3. Vaginal opening 2, 6
4. Uterus 10
5. Labia 5
6. Ovaries 1
7. Clitoris 3
8. Fallopian tube 11
9. Vagina 8
10. Hymen 7

Student Self-Check

ANSWERS
IDENTIFYING THE PARTS OF THE MALE REPRODUCTIVE SYSTEM

1. Scrotum 5, 10
2. Testes 4, 9
3. Epididymis 8, 18
4. Penis 3, 13
5. Seminal vesicles 6, 20
6. Foreskin 11, 17
7. Prostate gland 14, 19
8. Glans 12, 16
9. Van deferens 2, 15
10. Ejaculatory duct 1, 7

Student Self-Check

ANSWERS
CONCEPTION

1. Ovulation
2. Penis
3. Conception
4. One
5. Twenty-four hours
6. Implantation
7. Enzymes
8. Embryo

Evaluator's Final Checklist

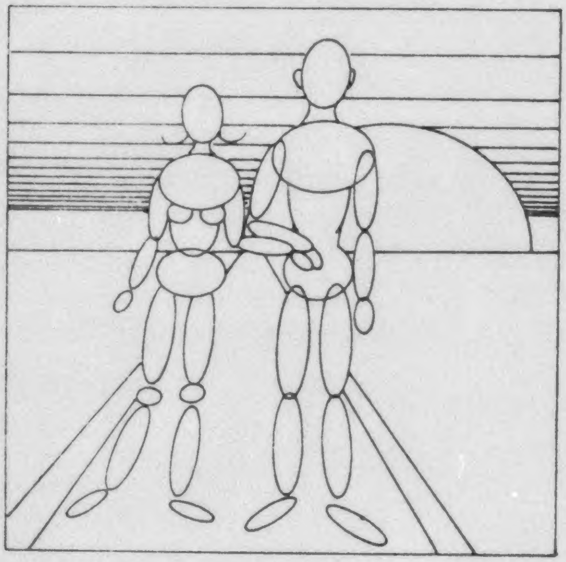
THE PARTS AND FUNCTIONS OF THE HUMAN REPRODUCTIVE SYSTEMS

Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
(1) The student completed the Check-Out Activity Sheet, MALE AND FEMALE REPRODUCTIVE SYSTEMS, with 80% accuracy	( )	( )	( )
(2) The student completed the Check-Out Activity Sheet, CONCEPTION, with 80% accuracy	( )	( )	( )

HUMAN DEVELOPMENT

VENEREAL DISEASES



INTRODUCTION

VD is the abbreviation for venereal diseases. VD is spread almost entirely through sexual contact. Gonorrhea and syphilis are the most common venereal diseases. In this module you will learn why VD is a public health problem. You will also learn the symptoms of VD, how to prevent VD, and how to seek help in treating the disease.

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVE

When you finish this module, you will be able to complete a test relating to venereal diseases with 80% accuracy.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, VENEREAL DISEASES.

LEARNING ACTIVITIES

1. READ and STUDY Student Information, TERMS TO KNOW, p. 3,

   (and/or)________________.

2. READ Student Information, QUESTIONS ABOUT VD, pp. 3-6, and DISCUSS the material in a small or large group,

   (and/or)________________.

3. VIEW a filmstrip on VD provided by your instructor,

   (and/or)________________.

4. COMPLETE Student Self-Check, FACTS ABOUT VD, p. 6.

5. WORK with your instructor to plan and carry out a related FHA/HERO activity,

   (and/or)________________.

6. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

64

Student Information

TERMS TO KNOW

The following terms will be used in this module. If you have questions about their meanings after reading this information sheet, ask your teacher.

ANTIBIOTIC - Medicines used to kill certain germs that cause infections.

CERVIX - Part of a woman's body. It is located in the lower part of the uterus (womb) and projects into the vagina.

COMMUNICABLE DISEASE - A disease that can be spread from person to person. A contagious disease.

EGG - The female sex cell. It is also called ovum.

GONORRHEA - A kind of venereal disease sometimes called "the clap," "the strain," "GC," "the whites," "the drip," "the dose," and "morning dew."

GROIN - The area of the body where the thighs attach to the trunk.

HERPES - Herpes is a type of virus. One type of herpes is one of the veneral diseases. It is sometimes referred to as "herpes genitales" or "herpes type 2."

PENIS - The external male organ located in the groin area. It is the part of the male reproductive system that enters the female's vagina during sexual intercourse. It is also the outlet for urination.

SPERM - The male sex cell that is produced in the testes.

SYPHILIS - a kind of veneral disease also called "siff," "pox," "bad blood," and "lues."

TESTES - The male reproductive gland that produces sperm.

URINATION - to get rid of liquid from the kidneys and bladder.

VAGINA - The part of the woman's body that is the outside opening to the reproductive organs.

VENEREAL DISEASES - A communicable disease caused by germs that are spread from person to person, almost always through sexual contacts.

Student Information

QUESTIONS ABOUT VD

Most people have heard the term "VD" but many are unclear as to what it really is and how it is spread. There is a great deal of poor information concerning VD. The following questions are often asked by students. The answers to these questions should help to clear up misunderstandings.

1. **What are venereal diseases (VD)?**

   Venereal diseases (VD) are caused by germs. They are spread from one person to another almost entirely through sexual contact. VD also has another label, STD, or sexually transmitted diseases.

2. **How many venereal diseases are there?**

   There are a number of venereal diseases. Gonorrhea, syphilis, and herpes genitalis are the three most common.

3. **Who catches VD?**

   Anyone who has sexual contact with an infected person may catch VD. The germs which cause VD are very fragile and can only live a very short time outside the human body.

4. **Why is it important for you to know about VD?**

   Venereal diseases are America's #1 enemy among reported communicable diseases. They kill, cripple, and seriously endanger the mental and physical well-being of millions of people.

5. **What other names are used to refer to gonorrhea?**

Gonorrhea is sometimes referred to as "the clap," "the strain," "GC," "the whites," "the drip," "the dose," and "morning dew."

6. **What are the symptoms of gonorrhea?**

In males, the signs of gonorrhea are noticeable. Common symptoms are a burning sensation during urination and a messy yellow-white discharge from the penis.

In females, the signs of gonorrhea are harder to detect. There may be a discharge or burning during urination. There may be sharp abdominal pain with fever. There is often a low white blood count.

7. **How is gonorrhea diagnosed?**

For males, a culture (sample of cells) is taken from the penis. For females, a culture is taken from the cervix. The cultures are sent to a laboratory to find out if gonorrhea is present.

8. **What is the medical treatment for gonorrhea?**

Penicillin (or other antibiotics) is most often given to the infected person. The amount of penicillin given will depend on the severity of the infection.

9. **What are the dangers to health if gonorrhea is not treated?**

--Gonorrhea may cause sterility. It sometimes blocks the passage for the egg cells of the female or the sperm cells of the male.

--Gonorrhea may cause a form of arthritis or a heart condition in the adult.

--Gonorrhea can be passed from a mother to her newborn baby as it passes through the birth canal. Special drops are usually put in the eyes of the newborn baby to prevent possible damage to the eyes from gonorrhea.

10. **What are the common slang terms for syphilis?**

Syphilis is sometimes referred to as "siff," "pox," "bad blood," and "lues."

11. **What are the symptoms of syphilis?**

There are three stages of the syphilis infection.

First stage: From ten to ninety days after exposure, a painless sore (called a chancre) may develop at the site of the infection. The sore does not hurt and will go away. This does not mean that the disease has gone away or has been cured.

Second stage: In one to three months, an infected person may have a fever, a rash, a sore throat, aches, hair loss, and/or enlarged glands. Second stage symptoms also disappear without treatment. Because these symptoms are so much like other illnesses, many people do not realize that they have syphilis.

Third stage: From two to twenty years after contacting syphilis, the disease may cause paralysis, heart disease, blindness, insanity, deafness, and even death.

12. **How is syphilis diagnosed?**

A blood sample and a scraping of the sore are sent to a laboratory to find out if syphilis is present.

13. **What is the medical treatment for syphilis?**

Penicillin is most often used for treatment. Syphilis can be treated and cured at any stage, but the damage already done to the body cannot be repaired.

14. **What are the dangers to health if syphilis is not treated?**

--In late stages syphilis may cause paralysis, heart disease, blindness, insanity, deafness, and even death.

--A pregnant woman can transfer syphilis germs to her unborn baby. If the mother is treated early in pregnancy there probably will be no spread of syphilis. A baby who contacts syphilis from its mother may be very small. It may be covered with sores or crippled due to bone damage. It may have pneumonia, meningitis, kidney disease, or a combination of these.

--Symptoms may not show up at birth, but serious eye damage may develop in childhood and cause blindness. Teeth may be deformed. Deafness, nerve damage, and insanity may occur due to the mother's transfer of syphilis to the child.

15. **What other names are used to refer to herpes?**

The herpes germ is also called herpes genitalis and herpes type 2.

16. **What are the symptoms of herpes?**

A cluster of small painful, fluid-filled blisters occur abut two to twenty days after sexual contact with an infected person.
In males, the blisters usually appear first on the penis. They may appear on the thighs, buttocks, or in the groin area.

In females, the blisters usually attack the inside of the vagina or the cervix. Blisters may appear on the thighs, buttocks, or in the groin area.

The infected person may feel sick and feverish. The blisters dry up and go away, but the virus germs move to the body's nerve cells.

Sometimes herpes never shows up again. However, in some people, intercourse, nervous excitement, fever, sunburn, and/or the start of a menstrual period may start the herpes once more.

17. **How is herpes diagnosed?**

A doctor can tell if a person has herpes by looking at the blisters.

18. **What is the medical treatment for herpes?**

Herpes is a stubborn disease. Medical treatments may be given to treat it, however, there is no permanent cure available now.

19. **What are the dangers to health if herpes is not treated?**

--A pregnant woman having an active case of herpes should have her baby by cesarean section in order to prevent the baby from contacting herpes. An infant could die or suffer brain damage due to herpes infection.

--Although it is not known whether herpes causes cancer, many women who have herpes also have cancer of the cervix.

20. **Where do you go for help?**

Anyone who thinks he/she has a venereal disease, should go to a doctor or a public health clinic right away. Public health services are free. In most states persons over sixteen years of age do not have to have parental permission for treatment.

21. How do we stop VD?

We can keep VD from spreading by knowing the symptoms and getting treatment immediately.

Personal hygiene before and after sexual contact can help prevent spreading VD.

Avoid sexual contact except with partner known to be free of VD. If a person has sexual contact with several people, he/she has a greater chance of catching VD.

Wearing a condom (rubber) protects both the male and the female. It protects the man if the woman is infected, and it protects the woman if the man is infected.

Anyone who has VD, should report all persons with whom he/she has had sexual contact with to public health authorities. Those persons will be notified that they could possibly have VD and advised about treatment.

Student Self-Check

FACTS ABOUT VD

Directions: Using a separate sheet of paper, number the paper from 1-12. Match the terms and phrases with the descriptions by writing the letter of the DESCRIPTION beside the number of the TERMS AND PHRASES. Check your answers against the ones provided on p. 7.

TERMS AND PHRASES

___ 1. Third stage of syphilis

___ 2. Penicillin

___ 3. Condom (rubber)

___ 4. Symptoms of gonorrhea common to both sexes

___ 5. Clap, drip, morning dew, GC

___ 6. Syphilis

___ 7. A symptom of gonorrhea in women

___ 8. The first symptom of syphilis

___ 9. Gonorrhea

___10. Venereal diseases

___11. Lues, bad blood, pox

___12. Herpes genitalis, herpes type 2, or herpes

DESCRIPTIONS

A. Serious communicable diseases usually spread by sexual contact.

B. Slang terms used when referring to syphilis.

C. May cause sterility by blocking the passage of the egg cell of the female or the sperm cell of the male.

D. A burning sensation during urination.

E. Sharp abdominal pain with fever.

F. Treatment for gonorrhea and syphilis.

G. Slang terms used when referring to gonorrhea.

H. Diagnosed by taking a blood sample.

I. A painless sore at the site of the infection.

J. Heart disease, blindness, insanity, or death.

K. Used to protect both partners against VD during sexual intercourse.

L. A cluster of painful, fluid-filled blisters occuring on the VD infected genitalia.

Student Self-Check

ANSWERS
FACTS ABOUT VD

1. J
2. F
3. K
4. D
5. G
6. H
7. E
8. I
9. C
10. A
11. B
12. L

Evaluator's Final Checklist

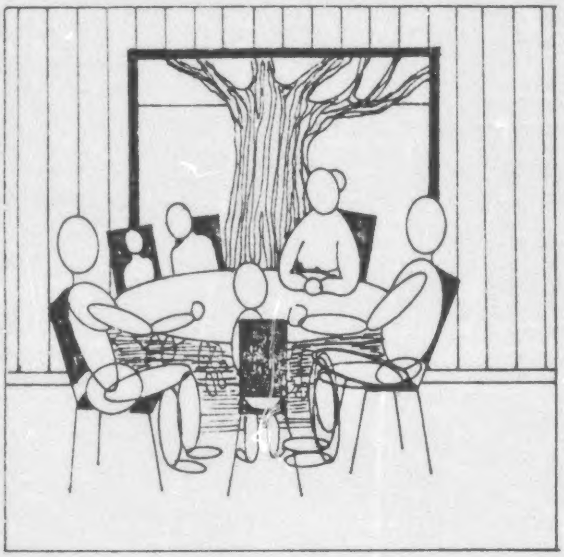
VENEREAL DISEASES

Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
The student completed the Check-Out Activity Sheet with 80% accuracy	( )	( )	( )

HUMAN DEVELOPMENT

TEENAGE PREGNANCY



INTRODUCTION

More American teenagers are getting pregnant than ever before. In fact, the United States has one of the highest rates of teenage pregnancy in the world. This is a serious problem for many reasons. Perhaps the most important concern is the high teenage death rate from the complications of pregnancy and childbirth. A pregnant 13-year-old has a much higher risk of death than a pregnant woman in her 20s. (Some statistics say the rate is 60% higher.) The death rate for babies is also higher. Babies born to 15-year-olds are twice as likely to die during their first year as babies born to mothers in their early 20s.

A growing number of teenage pregnancies are occuring among unmarrieds. Pregnancy outside the marriage relationship adds a set of problems which are very difficult for teenagers and their families.

In this module you will learn about two important and related topics: (1) the problems of teenage pregnancy and (2) the factors to consider in decision-making if teenage pregnancy does occur outside of marriage.

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVE

When you finish this module you will be able to complete a test about teenage pregnancy with 80% accuracy.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, TEENAGE PREGNANCY.

LEARNING ACTIVITIES

1. READ and STUDY Student Information, SOME FACTS CONCERNING TEENAGE PARENTHOOD, p. 3,

   (and/or)________________.

2. READ and STUDY Student Infromation, PHYSICAL DANGERS OF TEENAGE PREGNANCY, p. 3,

   (and/or)________________.

3. READ and STUDY Student Information, BUT...WHAT IF IT DOES HAPPEN?, pp. 4-5,

   (and/or)________________.

4. COMPLETE Student Self-Check, TEENAGE PREGNANCY, pp. 5-6.

5. LISTEN to tape presentation HD-7, "Effects of Pregnancy Outside of Marriage,"

   (and/or)________________.

6. WORK with your instructor to plan and carry out a related FHA/HERO activity,

   (and/or)________________.

7. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

72

Student Information

SOME FACTS CONCERNING TEENAGE PARENTHOOD

Not everyone who becomes a parent as a teenager will have an unhappy life as a result of that experience. Some teenagers make fine parents and lead successful and satisfying lives. But every teenager needs to be aware of studies that tell what usually happens to teenage parents.

1. The majority of teenage girls who become pregnant drop out of school and never return.
2. Women who become mothers as teenagers have a higher rate of unemployment than those who become mothers after the age of 20. They also have a higher rate of welfare dependency.
3. The younger the mother at the birth of her first child, the lower the income of her family is likely to be.
4. Mothers who begin their families before the age of 18 have more children than those who begin their families after the age of 20.
5. Teen marriages end in divorce at a much higher rate than those who marry later.

These facts present a gloomy picture. A teenager should think very seriously before allowing herself/himself to get into a situation which may lead to pregnancy. The facts largely show what happens to the mother. But it must be remembered that the life of the father of the child is also greatly affected. When the marriage ends in divorce, there is a broken marriage for male as well as female. When the family lives in poverty, there is a husband as well as a wife. Teenage marriage may mean that the father also must drop out of school. Even in the case in which no marriage takes place, the male often feels a sense of responsibility. If there is a death as a result of a teenage pregnancy, there is surely a sense of regret and guilt on the part of the male.

Student Information

PHYSICAL DANGERS OF TEENAGE PREGNANCY

Pregnancy among unmarried teenagers is increasing. It is increasing most among younger teenagers--especially 13- and 14-year-olds. And it is this young group that suffers most from pregnancy. The age at which the fewest complications occur to mother and child is from 20-24. Thirteen-year-olds are at least seven years away from their best child-bearing years. Fifteen-year-olds are at least five years away. Young teenagers should know the facts about teenage pregnancy. Some of these facts are presented below.

Higher Death Risk For Mothers

The death rate from complications of pregnancy and childbirth is 60% higher for those under 16 that for those between 20-24 years. The death rate for 15- to 19-year-olds is 13% higher. Some of the complications from pregnant teenagers are (1) hemorrhage and miscarriage, and (2) toxemia (poisonous substances in the blood).

Higher Death Risk for Babies

Babies of 15-year-olds are two times more likely to die than those born to women between 20-24 years of age. The major cause is that they are born prematurely. Or they are too small even at full term. Other causes include birth injuries, childhood illnesses, and problems with the nervous system (which may involve mental retardation).

Student Information

BUT . . . WHAT IF IT DOES HAPPEN?

There will be many teenagers this year--some this very day--who will find themselves pregnant. Those teenagers will have some tough decisions to make. They need to know as much as possible about all of the options open to them before they can decide what is best in their own situation. Should they marry, have an abortion, give the child up for adoption, or keep and rear the baby alone?

This is a question that each pregnant teenager must decide. Much serious thought must go into this decision. Teenagers should seek the help of their parents. In many cases, they need another helpful person who is capable of providing counseling. An outsider is not as emotionally involved and can help think through the situation to reach a solution. Some options to consider are suggested below.

Marriage

Some couples will marry. No one can correctly predict the success of a particular marriage under these circumstances. But the higher divorce rate among those who marry as teenagers must be considered. Marriage because of pregnancy is not a sound basis for a successful marriage. Marriage and family responsibilities are a heavy financial and emotional strain on anyone. It is especially so for teenagers at a time when they want and need to be free from this kind of responsibility. A teenage marriage is more likely to suceed:

--If the couple has planned to marry anyway and are not marrying just because of the pregnancy.

--If the couple is financially capable of supporting a household.

--If the couple has dated for a long time, each person is mature, knows the other one well, and feels they can build a successful marriage.

Abortion

The abortion rate for teenagers has been on the rise. This indicates that more teenagers are choosing this option as a solution to unwanted pregnancies.

--Abortion laws have been changing during the last several years. For the latest up-to-date information in your state, consult your local health department or look in any metropolitan telephone book under "abortion."

--When performed by a competent doctor under the conditions prescribed by the law, the risk to the life and health of the mother is less than the risk of pregnancy and childbirth. The risk of abortion is much less than pregnancy to the younger teenager.

Teenagers should know that there may be personal emotional reactions to having an abortion. For some people there are religious restrictions against abortions. For these, and for others, there may be a long-term sense of guilt with which to deal.

Adoption

Adoption is one solution to an unwanted pregnancy. It is chosen by a fairly small percentage (about 8% in 1971 according to one study). All of the factors relating to adoption should be considered before making a decision. Some of these factors include the following.

--Legally giving up a child for adoption is a final and legally binding transaction. The natural parents usually never see or hear from the child again. Sometimes years after having given a baby for adoption, a parent yearns to know about the child and feels a sense of loss over having given up the child.

--Adoptive parents may be able to provide a better home for the child than the teenager. Adoption agencies attempt to screen people who seek to adopt children so that the children will be placed in loving homes.

--Adoption may allow the natural parents the opportunity to continue their own education and maturity before assuming the responsibilities of children.

--Sometimes adoptions are arranged with relatives or aquaintances. In this case, the natural parents may feel relief at knowing the kind of care the child will receive.

Keeping the Baby

Many pregnant girls do not marry but decide to keep their babies. Every pregnant girl, in considering her options, should know something about what to expect if she keeps her baby. Every situation will be somewhat different. Much depends on family support, the financial situation, and the girl's own maturity and ability to be parent to the child. She should consider the factors listed below:

--Teenagers who become pregnant have a high drop-out-of-school rate. This means that they may not learn the job skills they need to make a good living. It may also account for the high rate of welfare dependency among this group.

--Teenagers who keep their babies need the support of family and friends--especially if they plan to live in their parents' home. It is very hard for a young mother to earn enough money to provide for all of her own needs and her baby's needs.

--Teenagers may expect more pleasure from motherhood than the actual experience delivers. Babies are lovable, sweet, cuddly, and warm. They are also demanding and require almost constant attention. Their demands are often more than a teenage mother is emotionally able to give. This may lead to poor parenting for the child. It may also lead to much unhappiness for the mother.

--Consideration should be given to the other family members. If the young mother and child live with her parents, how much the family can help financially and with child care are important. How will brothers and sisters feel about adding another family member? How will all the family feel about having a child out-of-wedlock?

--The young mother must consider whether both she and the child have the opportunity to grow and develop.

Student Self-Check

TEENAGE PREGNANCY

Directions: On a separate sheet of paper number from 1 to 10. Write T for those statements that are true and F for those that are false. Check your answers with those given on p. 7.

1. The majority of girls who become pregnant as teenagers stay in school.
2. Studies show that teenage mothers are likely to live at a lower economic level the rest of their lives.
3. Divorce rates among teenage marriages are now about the same as those who marry in their twenties.
4. If the teen father doesn't marry the teen mother he probably will not be affected by the pregnancy.
5. The teenage mother has a higher death rate than those mothers 20-24 years of age.

6. Pregnancy among teenagers is now on the decrease.

7. The age at which there are the fewest complications during pregnancy is 30-34 years of age.

8. The only persons really affected by a teen pregnancy is the mother and the child.

9. If pregnancy occurs during the teen years, the four options given in the readings to consider were:
   (a) marriage,
   (b) abortion,
   (c) adoption,
   (d) single parenting.
10. Teenagers with children often have a difficult time financially.

Student Self-Check

ANSWERS
TEENAGE PREGNANCY

1. F
2. T
3. F
4. F
5. T
6. F
7. F
8. F
9. T
10. T

Evaluator's Final Checklist

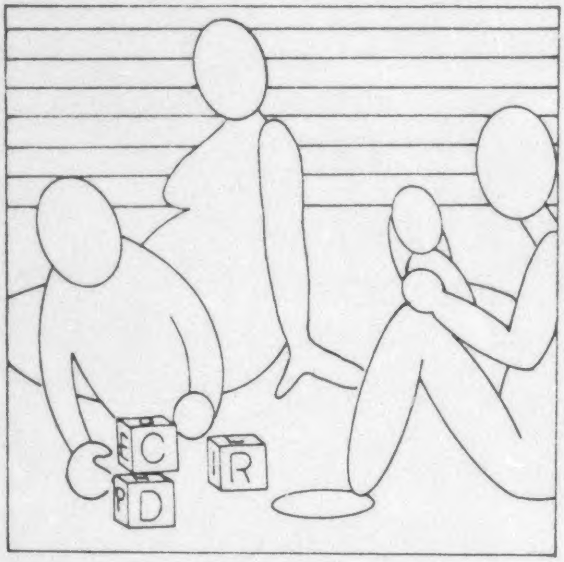
TEENAGE PREGNANCY

Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
The student completed the Check-Out Activity Sheet with 80% accuracy	( )	( )	( )

HUMAN DEVELOPMENT

BABYSITTING



INTRODUCTION

Babysitting is caring for babies, young children, and/or school-age children--usually when the parents are away. It is a serious and important responsibility. Babysitting offers an opportunity to learn about parenting children as well as the opportunity to earn money. In this module you will learn about the responsibilities of babysitting.

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVE

When you finish this module, you will be able to care for a child in a babysitting situation and/or complete a test about babysitting with 80% accuracy.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, BABYSITTING.

LEARNING ACTIVITIES

1. READ about safety and caring for babies and children in references provided by your instructor,

   (and/or)________________.

2. LISTEN to the reading of "The Babysitter's Pledge." Then VIEW a filmstrip, provided by your instructor, about safety with children,

   (and/or)________________.

3. LISTEN to a panel discussion about caring for babies and children. (Your instructor will lead the discussion.) ASK questions related to the topics of discussion,

   (and/or)_______________.

4. INTERVIEW a parent to determine the responsibilities of the babysitter and of the parent. (Your instructor will provide a form to use during the interview.) SHARE the results of your interview with classmates,

   (and/or)_______________.

5. STUDY Student Information, THE RESPONSIBILITIES OF BABYSITTING, pp. 3-6,

   (and/or)_______________.

6. VIEW a filmstrip, provided by your instructor, about the business aspects of babysitting. OUTLINE a list of the good and poor business habits when babysitting,

   (and/or)_______________.

7. RESEARCH play activities for different ages of children with a small group of classmates. USE references provided by your instructor. Your instructor will provide further information and instructions for completing the activity,

   (and/or)_______________.

8. VIEW a filmstrip, provided by your instructor, about caring for children and planning activities. DISCUSS the information provided in the filmstrip with classmates,

   (and/or)_______________.

9. MAKE a babysitter's kit. PROVIDE some ideas that will interest babies and children. (Your instructor will provide further instructions for preparing the kit.) SHARE your ideas with classmates,

   (and/or)_______________.

10. COMPLETE Student Self-Check, THE BABYSITTING CROSSWORD PUZZLE, p. 7.

11. WORK with your instructor to plan and carry out a related FHA/HERO activity,

    (and/or)_______________.

12. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

Student Information

THE RESPONSIBILITIES OF BABY SITTING

Babysitting is an important job. It is the parents' way of making sure that their children are safe from harm and are cared for when they, themselves, are away from home. Babysitting provides:

--an opportunity for persons to learn parenting skills.

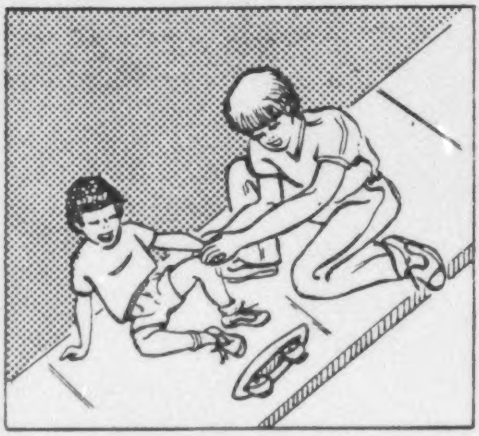
--an opportunity for persons to earn money and learn how to carry out business agreements.

--freedom for the parents to be away from their children for a short period of time.

The physical care and well-being of children are the primary reasons for hiring a babysitter. To keep children safe you should:

--Have a knowledge of child growth and development. Knowing what to expect of children at different ages and stages of development will help the caregiver think ahead when considering a child's safety.

--Provide a safe environment for the children. Both the home and the play area should be safe. Be alert to safety hazards and know what to do if an emergency should arise.



--Teach children safe habits. The caregiver will have to provide complete protection and care for infants and very young children. Toddlers and preschoolers will need to be reminded of safety rules. They often forget what they have been told.

Responsibilities of the Babysitter

In order to have a good working relationship, you should like and accept children. You should also take care to fulfill the following responsibilities.

1. Maintain good health and practice good grooming habits.
2. Learn adequate child-care job skills. Learn how to hold, feed, and diaper babies. It is also important to know how to handle physical and emotional needs of young children. Some school-age children resent having a babysitter. You should understand and know how to deal with this resentment.
3. Always investigate the background of the family for whom you will be babysitting. This is a safety precaution for any sitter. Unfortunately, some parents expect too much of a babysitter, or they may have a record of not paying their babysitters as they agreed to do.
4. Make business agreements in advance. Establish fees and your responsibilities for the set time period. Then, live up to your end of the agreement.
5. Ask the parents to write down instructions for the care of the child or children. Also ask about family routines such as mealtimes and snacks, bath time, and bed time. Ask for any other specific rules that the parents may have for the babysitter.

6. Your parents should know the name, address, and phone number where you will be babysitting.
7. Always arrive on time. If it is the first time you have babysat for the family, it is a good idea to arrive early so that the child or children will have some time to get to know you before the parents leave.
8. Always be safety conscious.
9. Know what to do in case an emergency situation should arise such as a fire, a strange visitor, or an illness or accident involving the child or children.
10. You are hired for child care. Give time and attention to the child or children. Be prepared to play with them and carry out regular family routines. Never leave the children alone in the house. Remember that your primary job is to care for the children.

11. Have good manners and good personal ethics. Do not read the family's personal mail, look into drawers and closets, or use personal items of the family. Do not repeat information that is personal to the family.

THE BABYSITTER'S CHECKLIST on page 6 includes important information that the babysitter should obtain from the family before the parents leave. You may want to make copies of it to have to take to each babysitting job.

The Responsibilities of the Parent-Employer

The parents also have responsibilities in a babysitting arrangement. They should plan and carry out the following steps.

1. Select a babysitter who is capable of caring for the child or children. The babysitter should be dependable. If possible, the parent-employer should investigate the background of the babysitter. This can be done by asking the babysitter to provide references.

2. Make all business agreements in advance and live up to the agreements.

3. Acquaint the babysitter with the family members, the pets, and family routines. Parents should also provide information about the home such as heating, locks on doors, etc.

4. Provide the babysitter with written instructions for the care of the children and emergency telephone numbers.

5. Train the children to cooperate with the babysitter.

6. Provide for the babysitter's safe return home if he/she does not have transportation.

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THE BABYSITTER'S CHECKLIST

1. Child(ren)'s name(s) and age(s):

2. Where can the parents be reached?

3. When will the parents return?

4. Emergency telephone numbers:

Local emergency number ______________________
Fire department number ______________________
Police department number ______________________
Poison Control Center number ______________________
Neighbor's name and number ______________________
Relative's name and number ______________________
Doctor's name and number ______________________
Other: ______________ ______________________

5. Special care instruction's for the child(ren):

TV rules:

Mealtime:

Bedtime and sleeping arrangements:

Special habits and/or problems:

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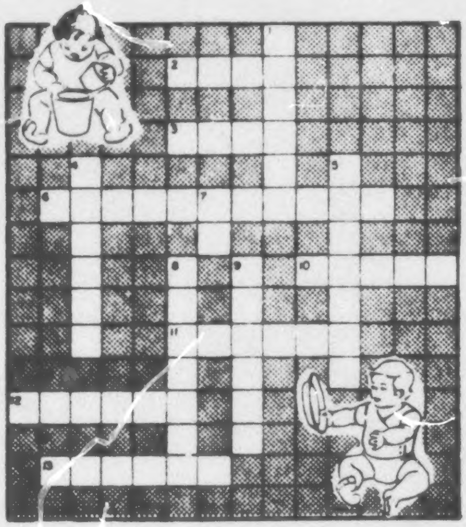
Student Self-Check

THE BABYSITTING CROSSWORD PUZZLE

Directions: Your instructor has copies of this crossword puzzle. Obtain a copy and use the words suggested by the following statements to complete the puzzle. Check your answers against those provided on p. 8.



ACROSS

2. All children need lots of _____.

3. A little child needs lots of loving _____.

6. _____ is one of the most important jobs that a teenager can do.

10. A babysitter's main responsibility is to keep the child or children safe and _____.

11. Young children often _____ what they have been told. Frequent reminders and watchfulness are necessary.

12. Establish your babysitting fee and responsibilities _____ starting a job.

13. A babysitter is a child's substitute _____.

DOWN

1. Older children often _____ having a babysitter.

4. _____ of the child or children is the parents' most important concern when hiring a babysitter.

5. _____ depend completely on their caregivers for protection and care.

7. A babysitter should have important phone numbers on hand ____ case of an emergency.

8. Check a sleeping baby about every _____ minutes.

9. When handling a small baby, be sure to hold the infant _____.

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Student Self-Check

ANSWERS
THE BABYSITTING CROSSWORD PUZZLE

ACROSS

2. love
3. care
6. babysitting
10. happy
11. forget
12. before
13. parent

DOWN

1. resent
4. safety
5. infants
7. in
8. fifteen
9. firmly

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Evaluator's Final Checklist

BABYSITTING

Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
The student completed the Check-Out Activity Sheet with 80% accuracy	( )	( )	( )
OR			
When babysitting a child or children, the student:			
a. Made the business agreement in advance	( )	( )	( )
b. Arrived on time for the job	( )	( )	( )
c. Followed the parents' instructions for caring for the child or children	( )	( )	( )
d. Practiced appropriate safety precautions	( )	( )	( )
e. Gave time and attention to the care of the child or children	( )	( )	( )
f. Handled discipline problems appropriately	( )	( )	( )
g. Practiced good manners and ethics	( )	( )	( )

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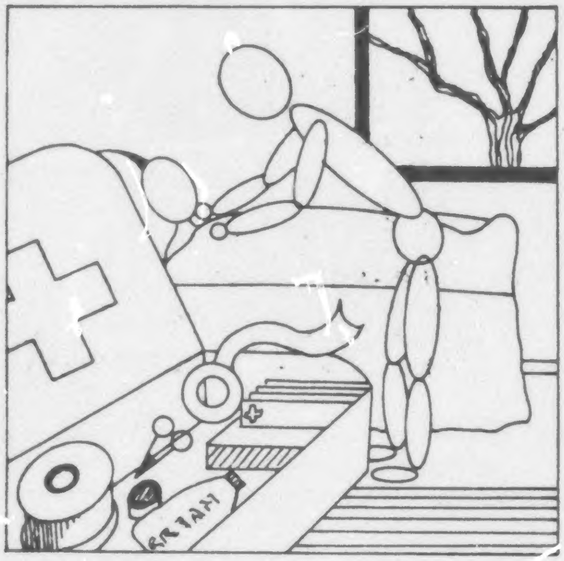
87

HUMAN DEVELOPMENT

INTRODUCTION TO FIRST AID



INTRODUCTION

When someone becomes suddenly ill or is injured, it is important to know the immediate first aid care. Knowing what to do or what not to do could save a life. In order to be prepared for treating minor and major emergencies, every home should have a first-aid kit. In this module you will learn the basic rules for handling an emergency situation, how to equip a first-aid kit, and how to apply dressings and bandages. You will learn how to provide first aid treatment for specific situations in other Human Development modules.

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVES

When you finish this module you will be able to assemble a basic first-aid kit and be able to apply dressings and bandages.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, INTRODUCTION TO FIRST AID.

LEARNING ACTIVITIES

1. STUDY Student Information, TERMS TO KNOW, p. 3,

   (and/or)________________.

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2. READ and DISCUSS Student Information, HANDLING AN EMERGENCY SITUATION, pp. 3-4,

   (and/or)________________.

3. VIEW a filmstrip, provided by your instructor, on the steps of first-aid treatment,

   (and/or)________________.

4. COMPLETE Student Self-Check, RULES FOR HANDLING AN EMERGENCY, p. 4.

5. READ about equipping a first-aid kit in a reference provided by your instructor. EXAMINE a first-aid kit provided by your instructor,

   (and/or)________________.

6. READ Student Information, DRESSINGS AND BANDAGES, pp. 4-6. After you read the Student Information, VIEW a display of dressings and bandages,

   (and/or)________________.

7. STUDY Student Information, APPLYING DRESSINGS AND BANDAGES, pp. 6-14,

   (and/or)________________.

8. OBSERVE as your instructor demonstrates applying dressings and bandages for a variety of injuries. PRACTICE applying dressings and bandages for the simulated injuries suggested by your instructor,

   (and/or)________________.

9. WORK with your instructor to plan and carry out a related FHA/HERO activity,

   (and/or)________________.

10. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

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Student Information

TERMS TO KNOW

The terms listed below will be used in this module and in other modules that deal with administering first aid treatment for major and minor emergencies. Read and study each term and its definition or description. As you work on other Learning Activities in this module and in other modules, you may need to refer to this list of terms.

Administer--to give or to perform.

Antiseptic--a product which, if used properly, will prevent the growth or stop the development of microorganisms.

Bacteria--one-celled, plant-like micro-organisms. Some bacteria are helpful, while others cause diseases.

Cardiopulmonary resuscitation--the act of reviving the heart and pulmonary circulation. It is also called external heart massage.

Disinfect--to free from disease-causing microorganisms by a physical or a chemical means.

Disinfectant--a chemical which kills bacteria. It is also called a germicide or a bactericide.

Emergency medical identification card--a card, tag, or bracelet that is worn by a person who has a physical condition such as diabetes, epilepsy, allergies, heart condition, or handicaps, etc. This card alerts others of special information for treating the person in case of an emergency.

Fungus--a microscopic plant organism. Some fungus organisms cause disease.

Germ--a microorganism, especially one that causes disease.

Immobilize--to hold a part of the body firmly in place to prevent its movement; for instance, a broken leg or arm that is placed in a cast or splint.

Infection--a condition in which the body tissues become diseased because of microorganisms spreading through the tissues.

Microorganism--a tiny living body that cannot be seen by the naked eye.

Mouth-to-mouth resuscitation--the act of reviving the breathing process.

Respiration--the process of breathing.

Resuscitation--the act of bringing back to full consciousness.

Sterile--free from germs.

Student Information

HANDLING AN EMERGENCY SITUATION

When someone is suddenly injured or suddenly becomes very ill, steps must be taken to prevent that person from suffering further injury or sickness. Often steps must be taken to prevent the person from dying. These immediate steps of temporary care are called first aid. It is important that you are trained in first aid so that you will know the right thing to do at the right time in case an accident or illness does occur. Keep in mind that the word "first" suggests that there are other steps of treatment that follow. After first aid is administered, a doctor or other medically qualified person should be called to give medical attention.

During your lifetime you may come across a variety of emergency situations. Your decision for handling each situation will depend largely on:

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--The circumstances. Is the emergency due to an accident or to a sudden illness?
--The number of people involved (if the emergency is an accident).
--The surroundings. Is it safe to stay in the area or should the victim(s) be moved?
--The bystanders. Is there anyone who could be sent for help or who could give help?
--The medical help that is available.
--The emergency first-aid equipment or makeshift items that are available.

When giving first aid treatment, you must:

--keep calm.
--be willing to help.
--reassure and encourage the victim(s).
--do only the things that are necessary to protect the person's life and to avoid further injury until medical help can be obtained.

Immediate Steps of First Aid

There are important rules you should always have in mind when giving first aid treatment. The greater the emergency, the more important these things are. Memorize the following rules.

1. Quickly evaluate the situation to determine what has happened, the possible injuries, and the condition of the victim(s).

2. Remove the person from a dangerous location, such as from water, from fire, or from a gas- or smoke-filled room.

3. Check to see that the person is breathing. Administer or have someone to administer mouth-to-mouth resuscitation if necessary.

4. Check the person's pulse. If no pulse can be felt (indicating that the heart has stopped beating), a person trained in cardiopulmonary resuscitation should administer external heart massage.

5. Check the person for bleeding. Administer first aid as necessary to stop the bleeding.

6. Look for an emergency medical identification card to learn about the person's needs or the necessary precautions for treating the individual.

7. Carry out the appropriate first aid treatment.

8. Treat the victim for shock.

It is important to know what to do in an emergency. If you do not know or are unsure of what should be done, do nothing at all. You could make the injury or illness worse. Seek medical help for the victim. Do not move an injured person unless it is necessary for safety, such as moving the person from water, from fire, or from a gas- or smoke-filled room.

Student Self-Check

RULES FOR HANDLING AN EMERGENCY

Directions: Answer the following question on a separate sheet of paper. Check your answers against those provided on p. 15.

List five rules you should follow when administering first-aid treatment.

Student Information

DRESSINGS AND BANDAGES

In being prepared for giving first-aid treatment in the home you need to have a supply of dressings and bandages available

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for applying to wounds and injuries to bones, muscles, or joints. You should prepare ahead of time to have sterile dressings and bandages ready for emergencies.

Dressings

Some wounds require that a dressing (sometimes called a compress) be applied. Dressings should be sterile and absorbent. Dressings can be bought already sterilized and in air-tight packages. If sterile dressings are not available, you may have to make your own. A freshly ironed or laundered cloth such as a handkerchief, towel, sheet, pillowcase, or napkin may be used.

To sterilize the dressings:

1. Wash your hands thoroughly.
2. Cut up an absorbent fabric such as a clean sheet (preferably white) to the sizes needed.
3. Apply a hot iron all over the fabric. Apply to the wound while sterile. OR, wrap the materials in aluminum foil and place in a moderate oven at 161.5°C (350°F) for three hours.

Dressings provide protection to a wound and are used to:
--help control bleeding.
--keep the wound clean.
--ease the discomfort of the open wound.
--absorb blood and secretions from the wound.

Bandages

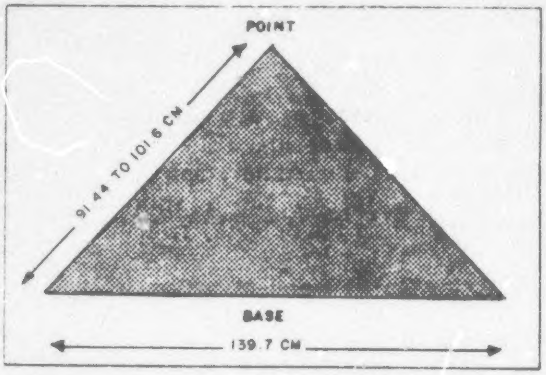
A bandage is a strip of woven material used to hold a dressing or a splint on the wound or injured area. The bandage provides protection and support for the injured part. Bandages can be purchased commercially or can be made at home. Gauze and/or muslin are good fabrics to use in making bandages. A bandage should be sterile if it is applied directly on a wound.

Makeshift bandages that you may have to use in the case of an emergency include:
--handkerchiefs
--household linen
--belts
--ties
--socks
--stockings

Bandages can be held in place with pins, tape, or clips. Gauze and muslin bandages can be split and tied.

Triangular Bandage

The triangular bandage is one often used in first aid. It is approximately 139.7cm (55 inches) across the base (longest side) and 91.44cm to 101.6cm (36 to 40 inches) along the sides. It is usually made of muslin.



The triangular bandage is used as an emergency cover for a wound on the scalp, hand, or other large area. It is also used to make a sling for arm fractures or for other arm or hand injuries.

When a dressing is not available, a sterile triangular bandage can be folded into a thick pad for applying pressure over a wound to control bleeding.

Cravat Bandage

The triangular bandage becomes a cravat

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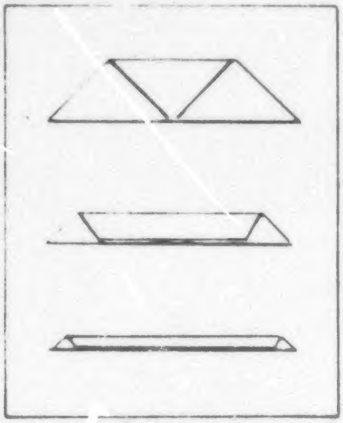
bandage when it is folded to form a narrow strip that looks something like a necktie.



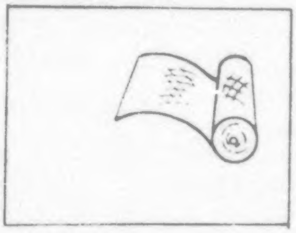
To make a cravat bandage:

1. Fold the point of the triangular bandage to the center of the base.

2. Then fold the bandage lengthwise in the same direction until the desired width is reached.

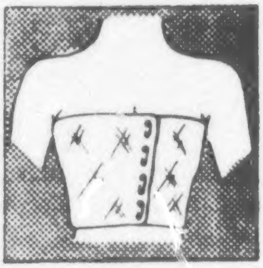
Cravat bandages are used: (1) as an emergency dressing, (2) to control bleeding, (3) as a circular, spiral, or figure-8 bandage, (4) to tie a splint, (5) as a constricting band, or (6) as a tourniquet.

Roller Gauze Bandage



The roller gauze bandage is used on injured fingers, hands, arms, and legs. It may be used as a dressing or to hold a dressing in place. It can be purchased at a grocery or drugstore in varying widths. It is sterile when purchased.

Muslin Binder



A muslin binder is used as an emergency dressing or bandage (to hold a dressing) when there is a wound or an injury in the chest or abdominal area. If a muslin binder is not available, use a large towel or part of a sheet. It should be sterilized if it is to directly cover a wound.

Other Bandages

Other bandages for various uses are available at drug stores. These include elastic bandages, adhesive bandages, bandage compresses, and adhesive strips with an attached gauze dressing.

Student Information

APPLYING DRESSINGS AND BANDAGES

It may be necessary for you to apply dressings and bandages. You need to know the different procedures used for dressing and bandaging wounds on the various parts of the body.

Applying a Dry Dressing

1. Wash your hands.

2. Give appropriate first-aid treatment to the wound. For example, apply a disinfectant or an antiseptic.

3. Select a sterile bandage that extends 2.5cm (one inch) beyond the edges of the wound.

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4. Hold the dressing above the wound; then very carefully lower it into place.

5. Hold the dressing in place with a bandage or adhesive tape.

Applying a Cold Compress

1. Wash your hands.

2. Assemble the equipment:
   --Basin of water and ice
   --Two compresses (dressings)
   or
   —An ice pack (purchased at the drugstore)

3. Put compresses in basin of cold ice water, or remove ice pack from the freezer.

4. Wring out one compress. Place the cold wet compress or ice pack on the wound or injury.

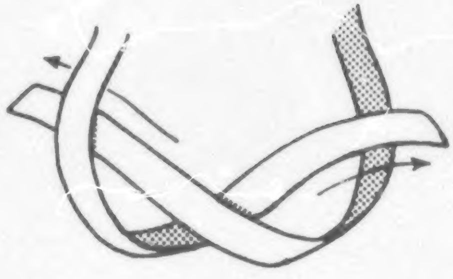
5. Remove the cold wet compress and replace with the other cold wet compress every two minutes. (The heat of the body will warm the compresses rapidly.) The cold pack will not have to be removed since it is frozen and remains cold for a longer period of time.

6. Remove the cold wet compress or the ice pack completely after 20 to 30 minutes or when the prescribed time is reached.

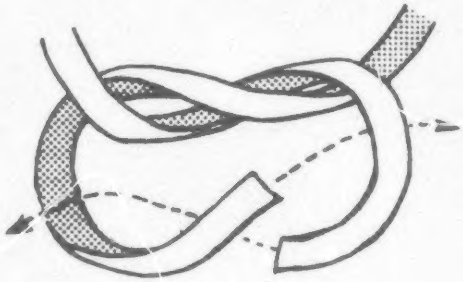
Tying a Square Knot

When tying the ends of a bandage, make sure that you tie them in a square knot so that the bandage is secure and will not come loose. To tie a square knot:

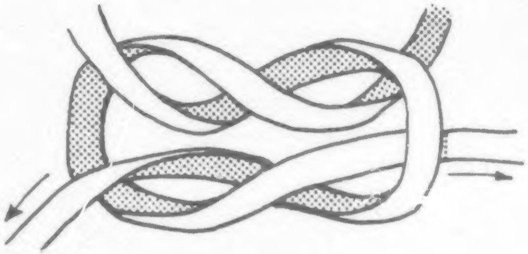
1. Lap the left tie end under and over the right tie end. Tighten.



2. Lap the left tie end over and under the right tie end. Tighten.



3. The square knot is complete.



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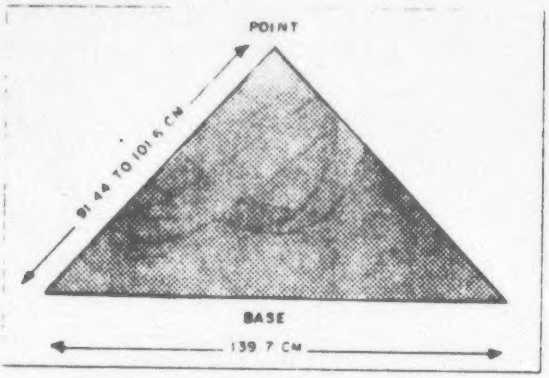
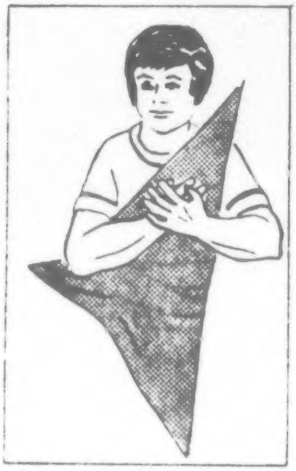
Applying an Arm Sling

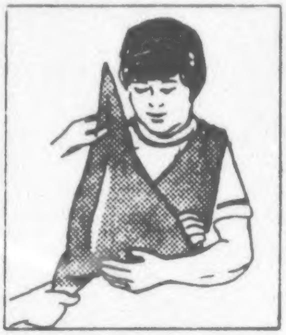


1. Prepare the triangle bandage, if the bandage is square.

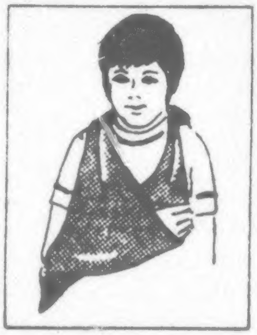
2. Place one (base and side) corner of the bandage on the shoulder opposite the injured arm and let the base (the longest side of the triangle bandage) run parallel to the side of the body.



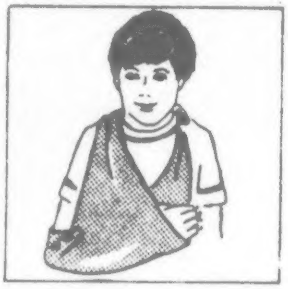
3. Place the point of the corner opposite the base behind the elbow of the injured arm.



4. Place the remaining corner over the shoulder of the injured area and tie the two ends in a square knot at the side of the neck.



5. Pin the point at the elbow to the front of the sling.



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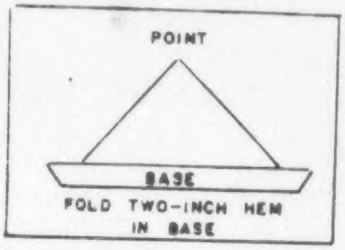
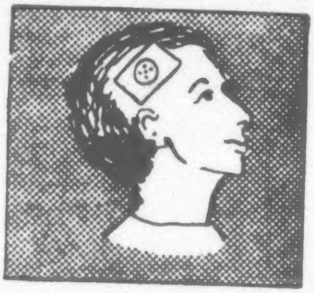
Applying a Triangular Bandage to a Wound of the Scalp or Forehead

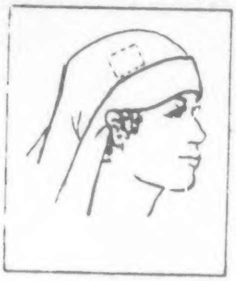
1. Fold a 5cm (2 inch) hem in the base.



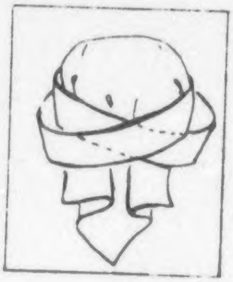
2. Place the dressing on the wound.

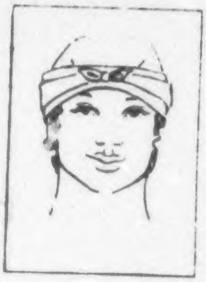


3. Place the triangular bandage on the head with the middle of the base on the forehead close to the eyebrows and the point hanging down the back. The hem should be on the outside.

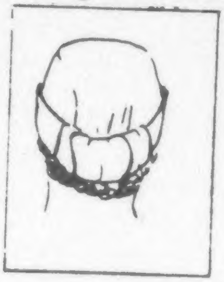


4. Wrap the two ends around the head above the ears. Cross over at the back just below the lower curve of the head. Bring ends to the front and tie in a square knot on forehead.



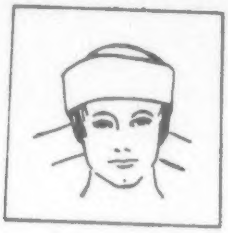


5. Draw the point down so the the dressing is secure. Tuck the point in where the bandage ends crossed.



Applying a Cravat to a Wound on the Forehead, Ears, or Eyes

1. Place the center of the cravat over the dressing that is on the wound.



2. Wrap ends around to the back of the head and cross them. Then bring the ends to the front and tie in a square knot. See illustration on the next page.

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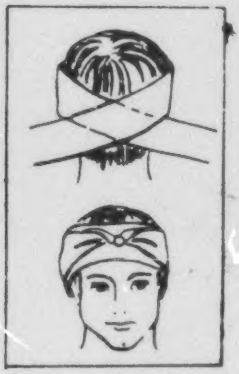
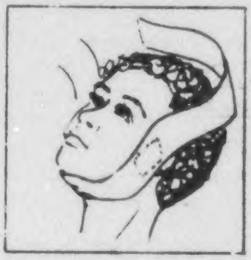
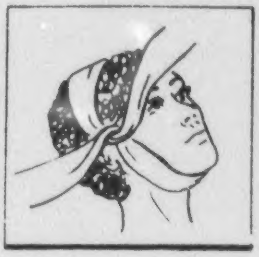


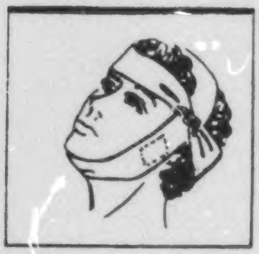
Applying a Cravat Bandage on a Wound of the Cheek or Ear

1. Fold a wide cravat.
2. Place the dressing on the cheek or ear injury.
3. Place the center of the cravat over the dressing.



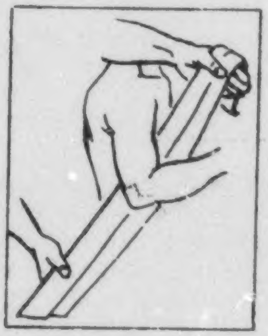
4. Wrap the ends over the head and under the chin. Cross the ends and bring one end around the forehead and one around the back of the head. Tie the ends over the dressing using a square knot as shown in the following two illustrations.





Applying a Cravat Bandage on a Wound on the Elbow or Knee

1. Fold a wide cravat.
2. Place dressing over the elbow or the knee.
3. Bend the elbow or knee at a right angle.



4. Place the middle of the cravat bandage over the dressing.
5. Wrap the ends around in opposite directions. Bring one end around the upper arm or leg and the other end around the lower part. Cross them in the hollow of the arm or leg. Continue over dressing and around to the hollow again. Tie to the outside using a square knot. See the illustration on the following page.

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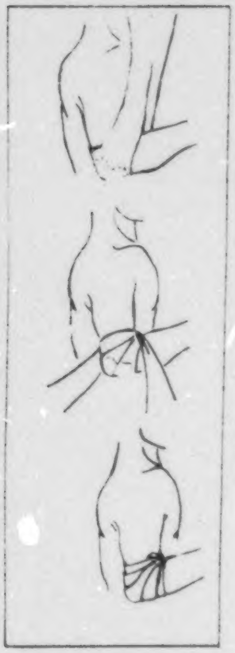
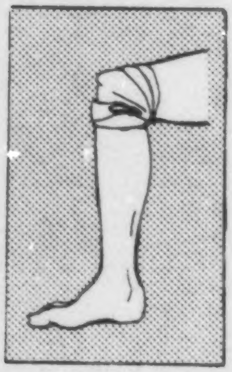


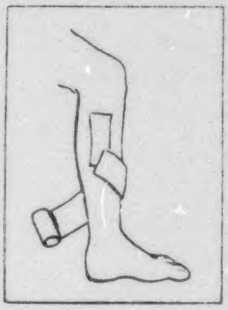


Applying a Spiral Bandage

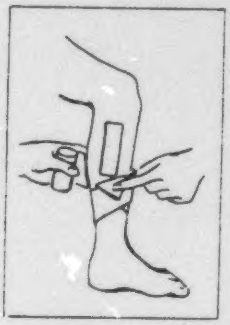
Closed Spiral:

1. Apply a dressing to the wound.

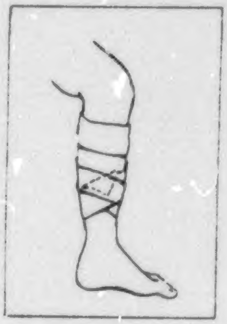
2. Anchor the bandage:
   a. Place the end of the bandage on an angle at the point that the bandage will begin.



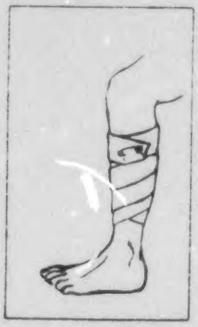
   b. Wrap around the limb allowing the corner of the bandage end to stick out.
   c. Fold down the end and wrap the bandage around again to secure.



3. Continue to wrap the bandage around the area to be covered using spiral turns that overlap. (The overlap closes the spiral thus the name "closed spiral.")



4. Pin the bandage.

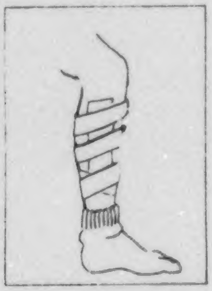


Open spiral:

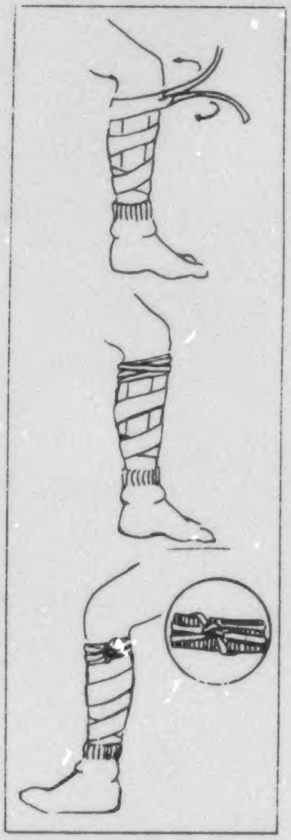
1. Apply a dressing to the wound.

2. Anchor the bandage using the same procedure as for the closed spiral.

3. Continue to wrap the bandage around the area to be covered using spiral turns spaced so that there is no overlap (making an "open" spiral with exposed areas of skin).



4. Cut or split the end of the bandage to form two tails. Tie the tails to keep them from splitting further. Then bring one around the bandaged part and tie the two ends with a square knot. (See the following illustrations.)



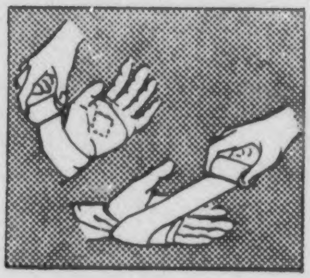
Applying a Figure-8 Bandage on a Hand or Wrist Wound

1. Place the dressing on the wound.

2. Anchor the bandage around the palm.

3. Wrap diagonally across the front of the wrist and around wrist.

4. Repeat step #2 until the dressing is secure.

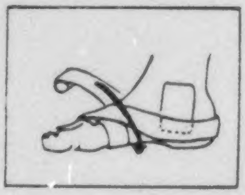


5. Tie off the bandage using a square knot.

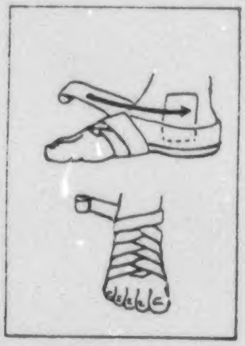
Applying a Figure-8 Bandage on an Ankle

1. Apply a dressing to the wound.

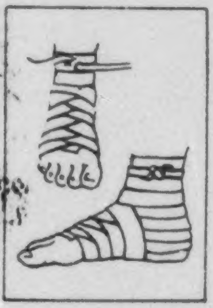
2. Anchor the bandage on the instep. (Follow the same procedure for anchoring as given in Step 2 for applying a closed spiral.)



3. Wrap the bandage diagonally upward across the top of the foot, then around the ankle.

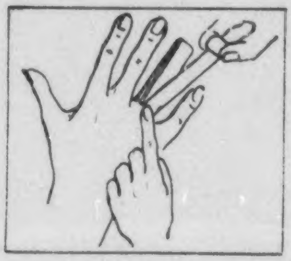


4. Cut or split the end of the bandage to form two tails. Tie the tails to keep them from splitting further. Then bring one around the bandaged part and tie the two ends with a square knot.



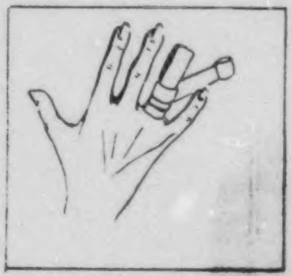
Applying a Fingertip Bandage

1. With 2.5cm (1 inch) roller gauze, make a series of back and forth turns from the base of the top of the finger, across the length of the finger, over the tip, and down to the base of the back side of the finger.

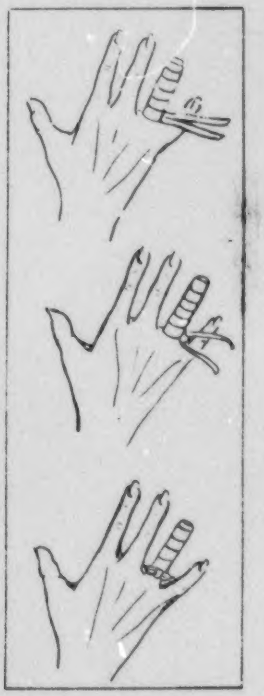


2. Then make a series of circular and spiral turns around the series of back and forth turns. Start at the base of

the finger, then out to the fingertip, and back to the base.

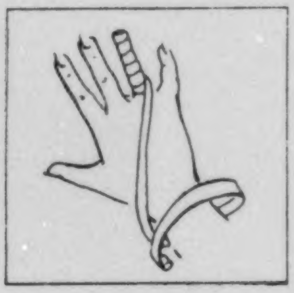


3. Complete the bandage:
   a. Split the end of the bandage and tie it off at the base of the finger using a square knot.

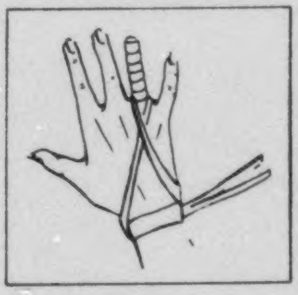


OR

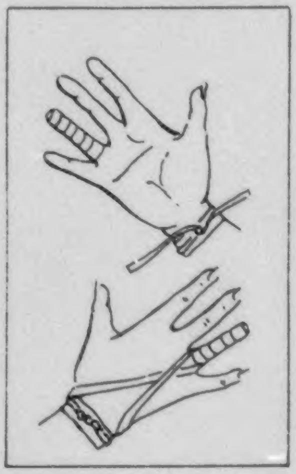
   b. Make a figure-8 turn.
      (1) Take the end of the bandage diagonally across the back of the wrist and circle once or twice.



      (2) From the opposite side of the wrist continue to the finger and loop, forming a figure-8.



      (3) Repeat the figure-8 a couple more times.
      (4) Split the end of the bandage and tie it off at the wrist using a square knot.



101

Student Self-Check

ANSWERS
RULES FOR HANDLING AN EMERGENCY

- --Quickly evaluate the situation to determine what has happened, the possible injuries, and the conditon of the victim(s).
- --Remove the person from a dangerous location
- --Check to see that the person is breathing. Administer mouth-to-mouth resuscitation, if necessary.
- --Check the person's pulse. Have cardiopulmonary resuscitaiton administered, if necessary.
- --Check the person for bleeding. Administer first aid, if necessary.
- --Look for an emergency medical identification card.
- --Carry out the indicated first aid treatment.
- --Treat the victim for shock.

Evaluator's Final Checklist

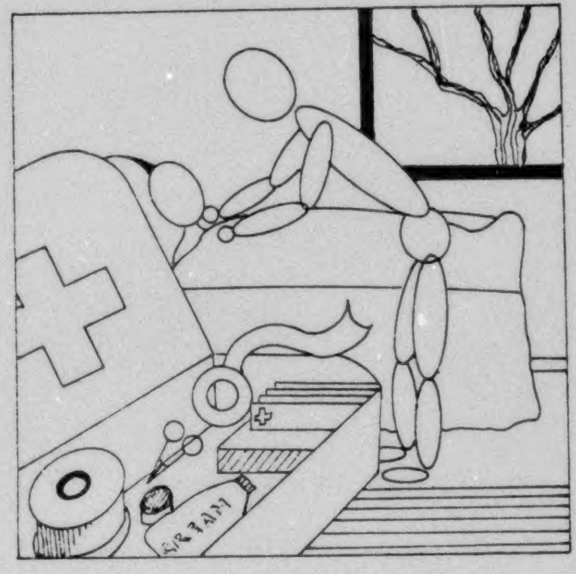
INTRODUCTION TO FIRST AID

Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
(1) The student completed the Check-Out Activity Sheet with 80% accuracy	( )	( )	( )
(2) When supplying a basic first aid kit, the student:			
a. Selected the necessary items for the first aid kit	( )	( )	( )
b. Organized the items to fit into the storage box	( )	( )	( )
c. Used sanitary techniques when handling the medical supplies	( )	( )	( )
(3) When applying dressings and bandages to a wound, the student:			
a. Chose the sterile dressing and bandage for the particular wound	( )	( )	( )
b. Applied the dressing	( )	( )	( )
c. Applied the bandage	( )	( )	( )
d. Fastened or tied the bandage in place	( )	( )	( )

HUMAN DEVELOPMENT

TREATING COMMON SKIN PROBLEMS



INTRODUCTION

From time to time you, or another member of your family, may be bothered by skin problems. Common skin problems include dandruff, athlete's foot, ringworm, jock itch, acne, boils, impetigo, eczema, hives, cold sores and fever blisters. In this module you will learn about the symptoms of these various skin problems. You will also learn the various treatments for relieving them.

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVE

When you finish this module you will be able to complete a test about common skin problems with 80% accuracy.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, TREATING COMMON SKIN PROBLEMS.

LEARNING ACTIVITIES

1. READ and STUDY Student Information, COMMON SKIN PROBLEMS, p. 3,

   (and/or)_______________.

2. COMPLETE Student Self-Check, COMMON SKIN PROBLEMS CROSSWORD PUZZLE, p. 7.

3. WORK with your instructor to plan and carry out a related FHA/HERO activity,

   (and/or)_______________.

4. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

Student Information

COMMON SKIN PROBLEMS

SKIN PROBLEMS AND CAUSE	SYMPTOMS	TREATMENT
DANDRUFF-- There are several types of dandruff. The more severe type is caused by germ infection. The common type is believed to be related to lack of sleep, excessive nervous strain, or improper diet.	--Small white or grayish scales of the scalp and/or eyebrows --Itchiness of the scalp --Mild redness	1. Shampoo hair with an anti-dandruff shampoo. (Be sure to follow directions carefully since oiliness and a yellow discoloration of the hair may occur.) 2. Try to improve eating and sleeping habits. 3. If home treatment does not help in several weeks, see a doctor.
ATHLETE'S FOOT-- a fungus infection between the toes and on the soles of the feet. The fungus is picked up from infected bath and shower facilities or floor areas. Moisture and friction make the problem worse.	--Redness --Some small blisters --Cracks between toes --Itching --Scaling	1. Wash between the toes at least twice a day using soap, water, and a cloth. 2. Dry carefully and thoroughly between each toe with a towel. 3. Ask your pharmacist to recommend an over-the-counter drug, either powder or cream, and apply between the toes. 4. Repeat these steps regularly until toes are healed. 5. Keep feet dry. You may need to change socks several times during the day. 6. When in public shower facilities, wear shower shoes to protect feet from the fungus.

SKIN PROBLEMS AND CAUSE	SYMPTOMS	TREATMENT
RINGWORM-- a fungus infection found on most any part of the body. It is sometimes difficult to distinguish from other skin problems. It can be easily picked up from infected animals or people.	--Ringlike lesion (sore) with the center not filled in --Red --Scaling --Hair breaks causing balding	1. Ask your pharmacist to recommend an over-the-counter drug in the form of a cream, solution, or powder, and apply to the lesion two or three times a day. 2. If the lesion does not go away within a few days, call your doctor. A prescription of oral medicine may be necessary.
JOCK ITCH-- a fungus infection of the pubic area. (For the most part, this is a skin problem with males only.) Moisture and friction make the problem worse.	--Redness involving the groin and thighs --Oozing sores --Scaling --Itching	1. Apply an over-the-counter powder to dry the area after bathing. 2. Change sweaty clothes often. 3. Wear boxer shorts rather than jockey shorts.
ACNE-- a skin problem that is often seen in adolescents or persons having oily skin. It is caused by a combination of problems, e.g., increased oil, plugging of the openings of the pores, accumulation of secretions and bacterial growth.	--Pimples on the face, chest, shoulders or back --Blackheads	1. Wash infected areas with soap and water twice daily. You may use an over-the-counter acne soap or cleansing gel to keep skin dry and free from oils. 2. Avoid chocolates, nuts, and other foods that tend to make the problem worse. 3. Apply an over-the-counter medicine if it seems to help the acne. 4. If the problem is severe, consult a dermatologist or the family doctor.

SKIN PROBLEMS AND CAUSE	SYMPTOMS	TREATMENT
BOIL-- a staphylococcus bacterial infection occuring anywhere on the body. The germ enters the skin along hair follicles. (If boils occur on the central part of the face, see the doctor. A boil in that area can cause serious complicating infections that may extend to the brain.) Boils are very infectious and may spread on the body or to other people by contact, clothing, towels, etc.	--Enlarged sore like a pimple, but deeper --Red, thickened, and tender tissue --Feel or see pocket of pus under or on top of the skin --Fever --Throbbing pain and soreness	1. Gently apply warm, moist compresses or soaks several times during the day. This will help the boil come to a "head" and it also softens the skin for the boil to open and drain. 2. Cover with a sterile bandage. 3. Handle gently because rough handling can force the infection deeper inside the body 4. DO NOT SQUEEZE. 5. When the boil opens and drains, wash the area with soap and water. Continue to soak. 6. If the boil does not drain completely, consult your doctor. He/she may have to make a small incision (lance) on the boil to drain it.
IMPETIGO-- a bacterial infection (staphylococci or streptococci) on the skin surface which may spread to deeper skin tissues. Impetigo is infectious and may be picked up from an infected person or articles soiled with discharges from a sore.	--Sore covered with a thick, yellow crust; spreads over the skin surface. --Fever --Spreading over the skin surface --Has a discharge --Itching --May occur on infected insect bites or other sores	1. Soak off crusts with water or an over-the-counter drug solution. 2. Ask your pharmacist to recommend an ointment. Apply the ointment. 3. If the impetigo sore does not respond to treatment within a day, consult doctor IMMEDIATELY. (An oral or injected antibiotic may be necessary to control the infection.)

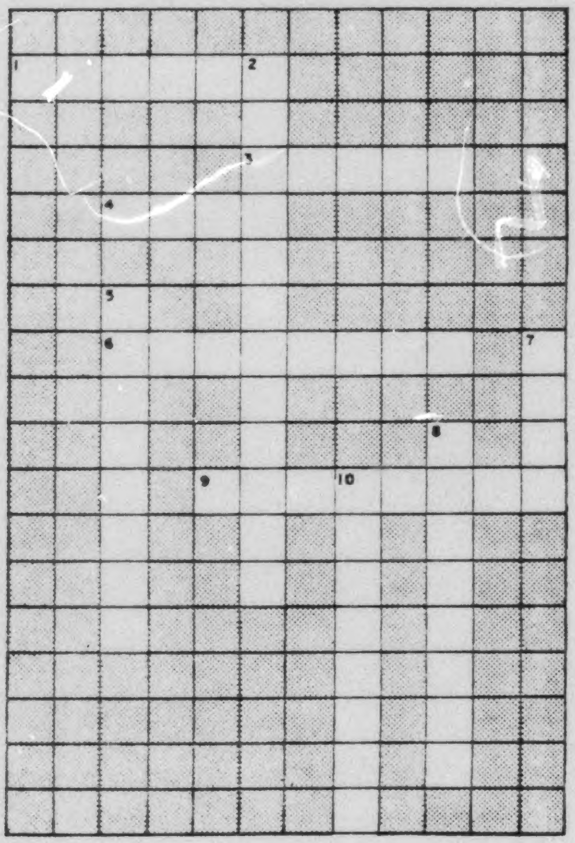
SKIN PROBLEMS AND CAUSE	SYMPTOMS	TREATMENT
COLD SORES or FEVER BLISTERS-- a viral infection usually found on the lips or inside the mouth. (The virus usually lives in the body for years causing a problem from time to time.)	--Redness of skin; then tiny blisters; finally crusted sores --Some minor pain may occur	1. A cold sore or fever blister usually heals by itself. 2. To relieve minor pain on the lips, apply one of the over-the-counter phenol and camphor preparations. 3. Sores inside the mouth may be treated with an over-the-counter preparation for protection.
ECZEMA-- a skin condition that may be a reaction to irritating substances that contact the skin.	--Oozing red patches on the skin usually around the elbows, wrists, knees, and eyes --Scaling --Itching	1. Apply a cream or lotion as prescribed by a doctor. 2. Avoid contact with soaps, chemicals, and other drying agents. 3. Use mild cleansing lotions. 4. Avoid wearing rough clothing. 5. Avoid overheating.
HIVES-- usually are an allergic reaction to medicines, certain foods, or other substances.	--Small pink and whitish raised places on body --Severe itching	1. Bathe in lukewarm water to relieve itching. 2. Consult a doctor.

Student Self-Check

COMMON SKIN PROBLEMS CROSSWORD PUZZLE

Directions: Obtain a copy of this crossword puzzle from your instructor. Use the words suggested by the following statements to complete the crossword. Check your answers against those provided on p. 8.

COMMON SKIN PROBLEMS



ACROSS

1. A skin condition appearing as oozing red patches on the elbows, wrists, knees, and eyes is called _____.
3. An itching skin problem that is usually due to an allergic reaction to medicines, certain foods, or other substances is called _____.
4. When a staphyloccoccus germ enters the skin along hair follicles, a _____ may result.
6. A bacterial infection which may occur on infected insect bites or other sores and spread from the skin surface into deeper tissues is called _____.
9. _____ are a result of a viral infection on the lips or inside the mouth (two words).

DOWN

2. A fungus infection occurring between the toes or on the soles of the feet due to exposure to contaminated floors and bathing facilities is _____.
5. A ringlike fungus that occurs on the skin is called _____.
7. A skin problem that is often related to adolescence or persons with oily skin is called _____.
8. _____ is a fungus infection of the pubic area and, for the most part, affects males.
10. A grayish-white scaling of the scalp which may be due to a germ infection or to poor diet, lack of rest, or nervous tension, is called _____.

Student Self-Check

ANSWERS
COMMON SKIN PROBLEMS
CROSSWORD PUZZLE

ACROSS

1. Eczema
3. Hives
4. Boil
6. Impetigo
9. Cold sore

DOWN

2. Athletes foot
5. Ringworm
7. Acne
8. Jock itch
10. Dandruff

Evaluator's Final Checklist

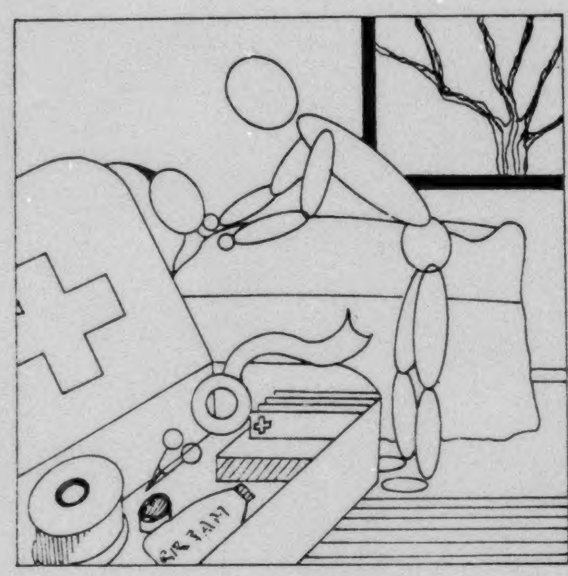
TREATING COMMON SKIN PROBLEMS

Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
The student completed the Check-Out Activity Sheet with 80% accuracy	( )	( )	( )

HUMAN DEVELOPMENT

MINOR EMERGENCIES



INTRODUCTION

The skin is the largest organ of the body. Its exposure to the enviornment makes it a target for injuries such as bruises, abrasions, minor cuts, blisters, and other wounds. Damaged membranes in the nose can often cause a nosebleed. In this module, you will learn how to administer first aid for minor emergencies.

Before you start to work on this module, be sure you have completed HD-9, "Introduction to First Aid."

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVE

When you finish this module, you will be able to administer first aid treatment for a bruise, an abrasion or minor cut, a blister, a puncture wound, an animal or human bite, or a nosebleed.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, MINOR EMERGENCIES.

LEARNING ACTIVITIES

1. READ and STUDY Student Information, FIRST AID FOR MINOR EMERGENCIES, p. 3,

   (and/or)_______________.

2. OBSERVE as your instructor demonstrates the first aid procedures for abrasions, minor cuts, bruises, puncture wounds, blisters, human bites, animal bites, and nosebleed. PRACTICE the procedures observed with a classmate or in a small group of students,

   (and/or)________________.

3. COMPLETE Student Self-Check, MINOR EMERGENCIES, p. 6.

4. WORK with your instructor to plan and carry out a related FHA/HERO activity,

   (and/or)________________.

5. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

Student Information

FIRST AID FOR MINOR EMERGENCIES

MINOR EMERGENCY	FIRST AID TREATMENT
ABRASION--a skin wound caused by scraping the skin on a rough surface.	1. Wash your hands. 2. Wash the scraped surface with mild soap and water. 3. If the abrasion is on a surface that needs protection, cover the area with a sterile dressing and bandage. Otherwise, leave it uncovered. Note: The dressing should not be left on for a prolonged period of time. The wound will heal more quickly if left uncovered.
MINOR CUTS--a skin wound that does not involve severe bleeding.	1. Wash your hands. 2. Wash the minor cut and the surrounding skin with mild soap and water, wiping away from the wound. 3. If the cut is small, place an adhesive bandage over it to help stop the bleeding and to protect the wound. 4. If it is a large cut, apply a sterile gauze compress over the cut, and hold it firmly until the bleeding stops. 5. Change the compress; then bandage loosely. 6. Replace the sterile compress as often as necessary to keep it dry and clean. 7. Remove the sterile pad when the cut has begun to scab over and healing has begun. The cut will heal quicker if left uncovered once the bleeding stops and healing begins. Note: Consult a doctor if the wound is deep or shows signs of infection, e.g., reddened area, festering beneath the surface of the skin, pain, swelling.
BRUISES	1. Wash your hands. 2. Apply an ice pack or a cold compress for a half hour or longer.

MINOR EMERGENCY	FIRST AID TREATMENT
	3. If the skin is broken, wash and cover with a sterile dressing. 4. Check the area for swelling. If the bruise is massive, large amounts of blood can collect and cause an infection. This will cause swelling. Consult the doctor if this happens. Sometimes antibiotics must be administered to avoid the necessity for surgical incision and drainage. 5. Rest the injured part. 6. After 24 hours, apply hot, wet dressings or a heating pad.
PUNCTURE WOUND-- a skin wound caused by pricking or piercing with a nail, pin, tack, or other sharp pointed object. Because this type of wound does not bleed very much, it may become infected. There is a danger that the victim may get tetanus (lockjaw).	1. Wash your hands. 2. Clean the wound with soap and warm water. 3. Check wound as thoroughly as possible for remaining foreign objects. 4. Allow the wound to bleed as much as possible to carry foreign materials to the outside of the wound. 5. Do not apply pressure to stop the bleeding unless there is a large amount of blood loss. 6. If there appears to be remaining foreign objects in the wound, have a doctor to check it. 7. Consult a doctor to determine the need for a tetanus shot.
ANIMAL AND HUMAN BITES--skin wounds that are considered to be puncture wounds. In the case of an animal bite, the animal must be checked for rabies.	1. Wash your hands. 2. Thoroughly wash the wound with mild soap and water. 3. Apply a sterile gauze compress; then bandage loosely. 4. Immediately consult a doctor for further treatment. 5. In the case of an animal bite, report the bite to the police or the local health department immediately. The animal must be caught, confined, and examined for rabies. Note: If the animal is rabid, rabies immunizations for the victim must be started immediately.

MINOR EMERGENCY	FIRST AID TREATMENT
BLISTER--caused by friction of the skin against another surface for an extended period of time. (A blister caused by a burn is covered in Module HD-39: "Burns and Other Ill Effects of Extreme Heat and Cold".)	1. Wash your hands. 2. Wash the blister and the area surrounding it with mild soap and water. 3. When dry, cover with a sterile adhesive bandage or a sterile gauze dressing. 4. If you think the blister may break, make a small puncture hole at the edge of the blister with a sterilized needle. 5. Gently press out the liquid. 6. Cover with a sterile adhesive bandage or a sterile gauze dressing. 7. Consult a doctor is it shows signs of infection, e.g., reddened area, festering beneath the surface of the skin, pain, swelling.
NOSEBLEED--a minor emergency that might occur: --during a young girl's early menstrual periods --due to excessive nose picking --due to high altitudes --due to lack of humidity indoors --due to certain diseases --following an athletic activity --as a result of a cold	1. Wash your hands. 2. Instruct the person to sit up, lean forward, and remain quiet. (If it is necessary for the person to lie down, elevate the head and shoulders.) 3. Gently insert a sterile cotton ball or wad of cotton into each nostril. Leave a small amount outside the nostril openings for easy removal. 4. Apply gentle, but firm, pressure by squeezing the nostrils together between your thumb and fingers for approximately six minutes. 5. Gradually release the pressure. Observe for further bleeding. Caution: Do NOT remove the cotton for several hours since bleeding may begin again. 6. When removing the cotton, do so gently to avoid causing the bleeding to start again.
Severe nosebleeds may occur because of: --hardening of the arteries --high blood pressure	1. If the nosebleed cannot be stopped by the steps listed above, consult a doctor.

MINOR EMERGENCY	FIRST AID TREATMENT
Nosebleeds occurring a few days or a week after tonsils or adenoids have been removed.	1. Consult the doctor who performed the operation. 2. Keep the person calm. 3. In the meantime, instruct the person to sit up, lean forward, and remain quiet. 4. Apply an ice pack to the back of the neck. 5. Instruct the person to spit up the blood rather than swallowing it. 6. Do NOT pack the nose with cotton since this could cause more harm than good.

Student Self-Check

MINOR EMERGENCIES

Directions: On a separate sheep of paper, write the answers to the following questions. Check your answers against those provided on p. 7.

1. An abrasion is a skin wound caused by _____ the skin on a rough surface.

2. Puncture wounds are skin wounds caused by _____ with a nail, a pin, a tack, or an animal or human bite.

3. List four possible causes of nosebleeds.

4. A person who has a puncture wound may have to take a shot to avoid _____.

5. If a person receives an animal bite, the animal should be examined for _____.

6. A blister on the heel, expecially if you've been walking a lot or are breaking in new shoes, is caused by _____.

Student Self-Check

ANSWERS
MINOR EMERGENCIES

1. Scraping

2. Pricking or piercing

3. Injury
   Excessive nose picking
   High altitude
   Lack of humidity indoors
   Result of a cold
   Hardening of the arteries
   High blood pressure
   Following surgery to remove tonsils and/or adenoids

4. Tetanus or lockjaw

5. Rabies

6. Friction of the skin against another surface for an extended period of time

Evaluator's Final Checklist

MINOR EMERGENCIES

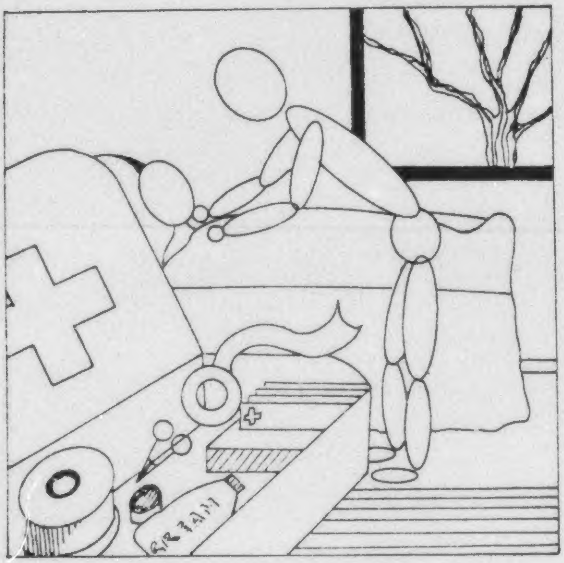
Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
(1) When simulating first aid for a bruise, the student:			
a. Washed hands	( )	( )	( )
b. Applied an ice pack or a cold compress for half an hour or longer	( )	( )	( )
c. Treated broken skin	( )	( )	( )
d. Determined if a doctor should be consulted	( )	( )	( )
e. Rested the injured part	( )	( )	( )
f. Applied hot dressings or a heating pad after 24 hours	( )	( )	( )
(2) When simulating first aid for an abrasion or a minor cut, the student:			
a. Washed hands	( )	( )	( )
b. Washed the wound with mild soap and water	( )	( )	( )
c. Applied a sterile dressing and bandage, if appropriate	( )	( )	( )
d. Changed the dressing as necessary	( )	( )	( )
e. Consulted a doctor if necessary	( )	( )	( )
(3) When simulating first aid for a blister, the student:			
a. Washed hands	( )	( )	( )
b. Washed the blister and the area surrounding it with soap and water	( )	( )	( )
c. Covered the blister with a sterile dressing and bandage	( )	( )	( )
d. Punctured the blister and drained it if necessary	( )	( )	( )
e. Determined if a doctor should be consulted	( )	( )	( )

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
(4) When simulating first aid for a puncture wound, the student:			
a. Washed hands	( )	( )	( )
b. Cleaned the wound with soap and water	( )	( )	( )
c. Checked the wound for foreign objects	( )	( )	( )
d. Allowed the wound to bleed	( )	( )	( )
e. Consulted a doctor about a tetanus shot and/or foreign bodies in the wound	( )	( )	( )
(5) When simulating first aid for an animal bite or a human bite, the student:			
a. Washed hands	( )	( )	( )
b. Washed the wound with a mild soap and water	( )	( )	( )
c. Applied a sterile gauze compress, then bandaged loosely	( )	( )	( )
d. Consulted the doctor for further treatment	( )	( )	( )
e. Reported the incident to the appropriate health or security persons	( )	( )	( )
(6) When simulating first aid for a nosebleed, the student:			
a. Washed hands	( )	( )	( )
b. Positioned the person appropriately	( )	( )	( )
c. Inserted cotton into nostrils if appropriate	( )	( )	( )
d. Applied gentle pressure by squeezing nostrils	( )	( )	( )
e. Consulted a doctor if necessary	( )	( )	( )
f. Applied an ice pack to the back of neck if necessary and appropriate	( )	( )	( )

HUMAN DEVELOPMENT

MAJOR EMERGENCIES RELATING TO ACCIDENTS



INTRODUCTION

Many major health emergencies are due to accidents. Such accidents may occur while traveling, while on the job, or in the home. It is important to know what to expect and what to do if you are present during a major emergency. In this module you will learn how to administer first aid for shock, severe bleeding, and electrical shock, how to give mouth-to-mouth resuscitation, and how to remove a foreign object from the throat and/or air passage. You will also learn where to receive training in cardiopulmonary resuscitation (CPR).

Before you start to work on this module, be sure you have completed HD-9, "Introduction to First Aid."

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVE

When you finish this module you will be able to administer mouth-to-mouth resuscitation, first aid for shock, severe bleeding, electrical shock and be able to remove a foreign object from the throat and/or air passage.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, MAJOR EMERGENCIES RELATING TO ACCIDENTS.

LEARNING ACTIVITIES

1. RESEARCH information about shock in a reference provided by your instructor. Then COMPLETE Student Information, TREATING SHOCK, p. 3,

   (and/or)_______________.

2. ROLE PLAY treating an injured victim for shock with a classmate,

   (and/or)_______________.

3. READ and STUDY about foreign bodies in the throat and/or air passage in a reference provided by your instructor. ANSWER the questions on Student Information, REMOVING FOREIGN BODIES FROM THE THROAT AND/OR AIR PASSAGE, p. 3,

   (and/or)_______________.

4. OBSERVE as your instructor simulates the removal of an object obstructing the throat and/or air passage of an adult and of an infant. SIMULATE the removal by sharp blows, manual thrusts, and the manual removal of a foreign object from an adult's throat and/or air passage,

   (and/or)_______________.

5. READ about administering mouth-to-mouth resuscitation in a reference provided by your instructor,

   (and/or)_______________.

6. OBSERVE as your instructor demonstrates mouth-to-mouth resuscitation. PRACTICE mouth-to-mouth resuscitation on a doll provided by your instructor,

   (and/or)_______________.

7. LISTEN to a speaker talk about cardiopulmonary resuscitation (CPR) and how a person can be trained in CPR. OBSERVE as the person demonstrates CPR,

   (and/or)_______________.

8. READ about first aid treatment for severe bleeding in a reference provided by your instructor,

   (and/or)_______________.

9. VIEW a filmstrip, made available by your instructor, about bleeding and wounds,

   (and/or)_______________.

10. OBSERVE as your instructor demonstrates first aid treatment for severe bleeding. SIMULATE applying pressure with a compress to stop bleeding. Also SIMULATE applying a tourniquet on a classmate or on a doll provided by your instructor,

    (and/or)_______________.

11. READ Student Information, ELECTRICAL SHOCK, p. 3. ROLE PLAY first aid for electical shock,

    (and/or)_______________.

12. COMPLETE Student Self-Check, MAJOR EMERGENCIES RELATING TO ACCIDENTS, p. 4.

13. WORK with your instructor to plan and carry out a related FHA/HERO activity,

    (and/or)________________.

14. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

Student Information

TREATING SHOCK

Directions: On a separate sheet of paper answer the following questions. The answers can be found in the reference provided by your instructor for Learning Activity 1. Check your answers against those provided by your instructor.

1. What is shock?
2. When may shock occur?
3. List the signs of shock.
4. Is shock a serious condition? Why or why not?
5. What are the steps of first aid treatment for shock?
6. When should fluids be given?
7. When should fluids not be given?
8. What kinds of fluids are administered for shock?

Student Information

REMOVING FORIEGN BODIES FROM THE THROAT AND/OR AIR PASSAGE

Directions: On a separate sheet of paper answer the following questions. The answers can be found in the reference provided by your instructor for Learning Activity 3. Check your answers against those provided by your instructor.

1. What are signs of choking?
2. What are the immediate steps of first aid for a person who is choking?
3. When would you use the chest thrust method for removing a foreign object from a choking person?

Student Information

ELECTRICAL SHOCK

An electrical shock is caused by an electrical current passing through a person's body. A person who has received a strong electrical shock may show the following symptoms:
--unconsciousness
--breathing stopped
--heartbeat stopped
--electrical burns

Immediate action must be taken to remove the person from the electric current and to administer first aid treatment. The following steps must be taken:

1. Disconect the plug of the source of the electric current, OR throw the main electrical circuit switch. CAUTION: DO NOT TOUCH THE PERSON UNTIL THE ELECTRIC CURRENT HAS BEEN DISCONNECTED OR YOU WILL ALSO RECEIVE THE ELECTRIC SHOCK.

2. If step 1 is not possible, separate the person from the electrical contact by using a very long, dry wooden pole or a length of dry cloth or rope. (Electricity cannot pass through these objects to you.) Be sure that your hands are dry and that you are standing on a dry surface.

3. After removing the electric source, check the person's breathing. Administer mouth-to-mouth resuscitation if necessary.
4. Seek medical help as quickly as possible.
5. Check pulse. If it has stopped, signaling that the heart has stopped beating, have a trained person administer cardiopulmonary resuscitaiton (CPR - external heart massage).
6. Cover electrical burns with sterile dressing.
7. Treat for shock:
   a. Keep the person lying down.
   b. Loosen the clothing.
   c. Cover lightly to prevent loss of body heat.

   NOTE: Electric shock victims sometimes have hysterical outbursts and may run about or act disoriented. Keep the person from hurting himself/herself.

Student Self-Check

MAJOR EMERGENCIES RELATING TO ACCIDENTS

Directions: On a separate sheet of paper answers the following fill-in-the-blank questions. Check your answers against those provided on p. 6.

1. Shock is a condition of the body in which the normal _____ supply to the vital organs is reduced and causes them to have reduced functioning.
2. If medical care for shock is delayed for over an hour and the person is conscious and not convulsing or vomiting, give her/him _____.
3. If a person who has been eating suddenly is unable to speak, cough, or breathe, is turning blue, and is clutching his/her throat, the person is _____.
4. When striking a person on the back doesn't remove a foreign object in his/her throat or air passage, proceed immediately with _____ or _____ thrust.
5. The _____ thrust is administered when the choking person is excessively overweight or is in the advanced months of pregnancy.
6. When a person comes in contact with an electrical current, he/she suffers _____.
7. When a person stops breathing, administer _____.
8. When a person has no pulse, signaling that the heart has stopped beating, _____ should be administered by a trained person.
9. To control bleeding, apply _____ over the wound with a sterile or clean dressing.
10. Never use a _____ to stop bleeding except in cases of massive hemorrhaging that cannot be controlled in any other way.

129

Student Self-Check

ANSWERS
MAJOR EMERGENCIES RELATING TO ACCIDENTS

1. Blood

2. Fluids

3. Choking

4. --chest
   --abdominal

5. Chest

6. Electrical shock

7. Mouth-to-mouth resuscitation

8. Cardiopulmonary resuscitaiton, CPR, or external heart massage

9. Direct pressure by hand

10. Tourniquet

Evaluator's Final Checklist

MAJOR EMERGENCIES RELATING TO ACCIDENTS

Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
(1) When simulating mouth-to-mouth resuscitation, the student:			
a. Positioned the person's head so that the chin jutted up	( )	( )	( )
b. Observed the person's breathing	( )	( )	( )
c. Pinched the person's nose shut	( )	( )	( )
d. Administered artificial breathing.	( )	( )	( )
e. Again observed person's breathing	( )	( )	( )
f. Repeated the artificial breathing cycle until person was revived or until medical help arrived	( )	( )	( )
(2) When simulating the removal of a foreign object from a person's throat and/or air passage, the student:			
a. Positioned self and victim for the manual blow or thrust	( )	( )	( )
b. Administered manual blows or thrusts to remove the foreign object	( )	( )	( )
c. Removed the foreign object with the fingers if the object hung in the throat or mouth and did not dislodge with the manual blow or thrust	( )	( )	( )
(3) When simulating first aid treatment for severe bleeding and shock, the student:			
a. Applied direct pressure by hand with a clean dressing over the wound	( )	( )	( )
b. Raised the open wound of the hand, neck, arm, or leg above the level of the heart if appropriate	( )	( )	( )

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
c. Applied pressure against the arterial pressure points if appropriate	( )	( )	( )
d. Applied a tourniquet in the event of massive hemorrhaging that could not be controlled in any other way	( )	( )	( )
(4) When giving first aid treatment for electrical shock, the student:			
a. Disconnected the electrical source	( )	( )	( )
b. Checked the person's breathing	( )	( )	( )
c. Administered mouth-to-mouth resuscitation if necessary	( )	( )	( )
d. Sought medical help immediately	( )	( )	( )
e. Checked the pulse	( )	( )	( )
f. Had cardiopulmonary resuscitaitcn administered, if necessary and if a trained person was available	( )	( )	( )
g. Covered burns with sterile dressings	( )	( )	( )
h. Treated the person for shock	( )	( )	( )

Evaluator's Final Checklist

MAJOR EMERGENCIES RELATING TO ACCIDENTS

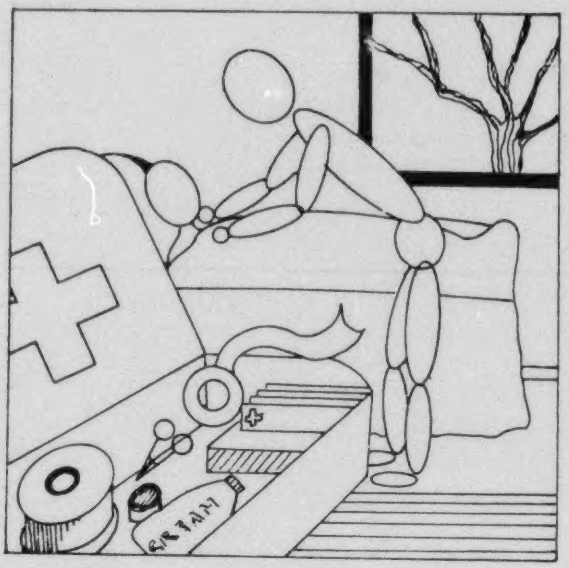
Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
(1) When simulating mouth-to-mouth resuscitation, the student:			
a. Positioned the person's head so that the chin jutted up	( )	( )	( )
b. Observed the person's breathing	( )	( )	( )
c. Pinched the person's nose shut	( )	( )	( )
d. Administered artificial breathing.	( )	( )	( )
e. Again observed person's breathing	( )	( )	( )
f. Repeated the artificial breathing cycle until person was revived or until medical help arrived	( )	( )	( )
(2) When simulating the removal of a foreign object from a person's throat and/or air passage, the student:			
a. Positioned self and victim for the manual blow or thrust	( )	( )	( )
b. Administered manual blows or thrusts to remove the foreign object	( )	( )	( )
c. Removed the foreign object with the fingers if the object hung in the throat or mouth and did not dislodge with the manual blow or thrust	( )	( )	( )
(3) When simulating first aid treatment for severe bleeding and shock, the student:			
a. Applied direct pressure by hand with a clean dressing over the wound	( )	( )	( )
b. Raised the open wound of the hand, neck, arm, or leg above the level of the heart if appropriate.	( )	( )	( )

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
c. Applied pressure against the arterial pressure points if appropriate	( )	( )	( )
d. Applied a tourniquet in the event of massive hemorrhaging that could not be controlled in any other way.	( )	( )	( )
(4) When giving first aid treatment for electrical shock, the student:			
a. Disconnected the electrical source	( )	( )	( )
b. Checked the person's breathing	( )	( )	( )
c. Administered mouth-to-mouth resuscitation if necessary	( )	( )	( )
d. Sought medical help immediately	( )	( )	( )
e. Checked the pulse	( )	( )	( )
f. Had cardiopulmonary resuscitaiton administered, if necessary and if a trained person was available	( )	( )	( )
g. Covered burns with sterile dressings	( )	( )	( )
h. Treated the person for shock	( )	( )	( )

HUMAN DEVELOPMENT

TREATING BURNS AND OTHER ILL EFFECTS OF EXTREME HEAT AND COLD



INTRODUCTION

The first step in treating burns, sunburns, and the effects of excessive heat and cold is to identify the condition and how serious it is. In many cases very little medical treatment is given. Care can be given, however, to change the conditions, to ease the pain, to protect from dirt, or to prevent further damage. In this module you will learn how to identify the degrees of burns, how to recognize the effects of excessive heat and frostbite, and how to administer first aid in each case.

Before starting work on this module be sure you have completed HD-12: "MAJOR EMERGENCIES RELATING TO ACCIDENTS."

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVE

When you finish this module you will be able to administer first aid for burns, heat reaction, frostbite.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, TREATING BURNS AND OTHER ILL EFFECTS OF EXTREME HEAT AND COLD.

LEARNING ACTIVITIES

1. READ Student Information, BURNS AND OTHER ILL EFFECTS OF EXTREME HEAT AND COLD, p. 3,

   (and/or)______________.

2. VIEW the filmstrip, provided by your instructor, on burns and other ill effects of extreme heat and cold,

   (and/or)_______________.

3. READ and STUDY about first aid treatment for burns and sunburn in a reference provided by your instructor,

   (and/or)_______________.

4. PRACTICE the first aid treatment for first, second, and third degree burns, and chemical burns,

   (and/or)_______________.

5. READ and STUDY about the first aid treatment for heat exhaustion, heat cramps, and heat stroke in a reference provided by your instructor,

   (and/or)_______________.

6. PRACTICE the first aid treatment for heat exhaustion, heat cramps, and heat stroke,

   (and/or)_______________.

7. READ and STUDY about the first aid treatment for frostbite and exposure to cold in a reference provided by your instructor,

   (and/or)_______________.

8. PRACTICE the first aid treatment for frostbite and exposure to cold,

   (and/or)_______________.

9. COMPLETE Student Self-Check, IDENTIFYING DEGREES OF BURNS AND OTHER ILL EFFECTS OF EXTREME HEAT AND COLD, p. 4.

10. WORK with your instructor to plan and carry out a related FHA/HERO activity,

    (and/or)_______________.

11. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

136

Student Information

BURNS AND THE ILL EFFECTS OF HEAT AND COLD

Extremes in temperature can cause damage and discomfort to the body. Burns occur when excessive heat is applied to body surfaces. Frostbite occurs when the body is exposed to freezing temperatures. Other conditions--heat cramps, heat stroke, and heat exhaustion--can cause illness due to a person being in high temperatures for a prolonged period of time.

Because the body cannot tolerate extremes in temperature, death can occur from extensive damage to body tissues and from shock. Knowing the symptoms of each condition and the correct steps of first aid treatment can prevent further damage to the body and save a person's life.

Burns

Burns are caused by dry heat, wet heat, and chemical agents. The classification of the burn is based on the depth or degree of skin damage.

CAUSE	CLASSIFICATION	SKIN DAMAGE
Dry heat: Overexposure to the sun, light contact with a hot object Wet heat: Scalding by a hot liquid or steam Chemical agent: Lye, strong acids, detergent	First Degree Burn	--Redness --Mild swelling and pain --Minor damage which will heal rapidly
Dry heat: Deep sunburn Wet heat: Contact with hot liquid, flash burns from gasoline or kerosene Chemical agent: Lye, strong acids	Second Degree Burn	--Red mottled appearance of burned skin surfaces --Blisters --Pain --Swelling --Wet appearance on burned skin surface
Dry heat: Flame, burning clothing, contact with hot objects, electricity Wet heat: Very hot water Chemical agent: Lye, strong acids	Third Degree Burn	--Deep tissue destruction --White or charred appearance of burned areas --Loss of all skin layers

The first aid objectives for treating burns include the following:

--relieving pain
--preventing contamination
--treating for shock

If 15% of an adult's body or 10% of a child's body is severely burned, hospitalization is necessary. Burns can easily become infected if contaminated. Therefore, it is extremely important that sterile techniques be used when administering first aid treatment.

People can die from burn shock. Burn shock results when plasma, the liquid part of the blood, is sent by the body into the burned areas. Due to the shortage of blood volume and a drop in blood pressure, the brain, heart, and other organs do not function normally. Every burned person should be treated for shock.

Ill Effects of Heat and Cold

Heat cramps occur when a person is exposed to high temperatures for a prolonged period of time. A large amount of body salt is lost due to the person drinking large amounts of water and sweating excessively. The symptoms of heat cramps are as follows:

--severe muscle cramps and pain, usually in the calf of the leg and in the abdomen
--faintness and dizziness

Heat exhaustion is caused when blood circulation to the vital organs is blocked due to the body trying to lose heat. Symptoms of heat exhaustion are as follows:

--pale, clammy skin
--fatigue and weakness
--rapid pulse
--sweating
--headache
--nausea

Heat stroke, often called sun stroke, occurs when the body temperature rises and the body does not sweat. It can be fatal if immediate first aid and medical treatment are delayed. Symptoms of heat stroke are as follows:

--flushed, hot, and dry skin
--rapid, weak pulse
--often unconsciousness

Frostbite occurs when the body tissues begin to freeze. The nose, cheeks, ears, fingers, and toes are the areas of the body that are commonly affected. Correct first aid treatment must be followed. In severe cases gangrene (decay of body tissues) sets in and causes the affected portions to have to be removed. Symptoms of frostbite are as follows:

--slightly flushed skin (just before freezing)
--white or grayish-yellow appearance to skin as frostbite sets in
--slight pain at first (which goes away)
--feeling of numbness and cold

Student Self-Check

IDENTIFYING DEGREES OF BURNS AND OTHER ILL EFFECTS OF EXTREME HEAT AND COLD

Directions: Using a separate sheet of paper, number the paper from 1-8. Match the terms with the definitions by writing the letter of the DEFINITION beside the number of the TERM. Check your answers against the ones provided on p. 6.

TERM

____1. First degree burn

____2. Second degree burn

____3. Third degree burn

____4. Chemical burn

____5. Heat exhaustion

____6. Heat stroke

____7. Heat cramps

____8. Frostbite

DEFINITION

a. A burn that must be flooded with water to remove the cause of the burn.

b. Muscle spasms and pain caused by heat.

c. When the skin turns white or grayish-yellow due to exposure to extreme cold.

d. An ill effect of heat producing such symptoms as nausea, headache, dizziness, clammy skin, pale color, perspiration and sometimes fainting.

e. A burn which is red, mildly swollen, and somewhat painful.

f. A burn which is red or mottled in appearance, has blisters, is painful and may be swollen and/or wet looking in appearance.

g. A burn that is charred or white and shows much damage to the layers of skin.

h. An ill effect of heat due to being in great heat for a prolonged period. The skin of the victim becomes hot, red, and dry. The victim's pulse is rapid and weak, and unconsciousness may result.

Student Self-Check

ANSWERS
IDENTIFYING DEGREES OF BURNS AND OTHER ILL EFFECTS OF EXTREME HEAT AND COLD

1. e
2. f
3. g
4. a
5. d
6. h
7. b
8. c

Evaluator's Final Checklist

TREATING BURNS AND OTHER ILL EFFECTS OF EXTREME HEAT AND COLD

Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

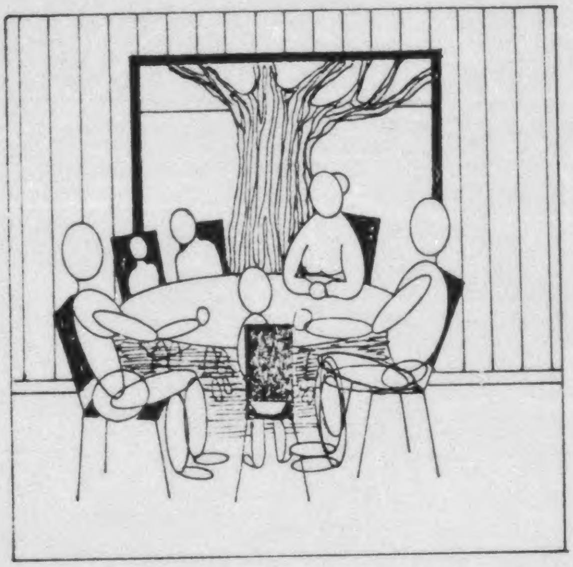
	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
(1) In administering first aid treatment to persons with simulated burns, the student:			
(a) Identified the degrees of burns	( )	( )	( )
(b) Determined appropriate supplies needed	( )	( )	( )
(c) Administered appropriate first aid treatment for a first degree burn	( )	( )	( )
-- Immersed the burned area in cold water or applied cold, wet dressings	( )	( )	( )
-- Applied a dry, sterile dressing if the area needs to be protected	( )	( )	( )
-- Treated for shock by elevating the burned area	( )	( )	( )
(d) Administered appropriate first aid treatment for a second degree burn	( )	( )	( )
-- Immersed the burned area in cold water if the blisters are not open or applied cold, wet dressings.	( )	( )	( )
-- Gently patted the area dry with a piece of sterile guaze	( )	( )	( )
-- Applied a dry, sterile dressing	( )	( )	( )
-- Treated for shock by elevating the burned area if possible	( )	( )	( )
-- Consulted a doctor for further treatment.	( )	( )	( )
(e) Administered appropriate first aid treatment for a third degree burn.	( )	( )	( )
-- Applied a thick, sterile, dry dressing and bandage	( )	( )	( )
-- Treated for shock by elevating the burned area, if possible.	( )	( )	( )

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
-- Sought medical help immediately	( )	( )	( )
-- Arranged for emergency transport to hospital	( )	( )	( )
-- Observed victim for difficulty in breathing	( )	( )	( )
(f) Administered appropriate first aid treatment for a chemical burn	( )	( )	( )
-- Washed away chemicals from the affected part with large amounts of water for five minutes . . .	( )	( )	( )
-- Removed clothing from the area	( )	( )	( )
-- Applied a sterile, dry dressing	( )	( )	( )
-- Sought medical help at once	( )	( )	( )
(2) In administering first aid treatment to a person suffering from a simulated heat reaction, the student:			
(a) Correctly identified the condition	( )	( )	( )
(b) Determined appropriate supplies needed	( )	( )	( )
(c) Administered appropriate first aid treatment for a heat stroke	( )	( )	( )
-- Bathed the victim's skin with cool water or rubbing alcohol or applied a cold, wet dressing until his/her temperature is lowered	( )	( )	( )
-- If available, turned on the air conditioning or fans to speed the cooling of the victim	( )	( )	( )
-- Repeated steps (1) and (2) if the victim's temperature begins to go up again	( )	( )	( )
-- Did not give the victim stimulating beverages.	( )	( )	( )
-- Consulted the doctor immediately	( )	( )	( )
(d) Administered appropriate first aid treatment for heat cramps.	( )	( )	( )
-- Gave the person sips of salt water for about an hour	( )	( )	( )

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
-- Gently massaged the muscles to relieve spasms and cramps.	( )	( )	( )
(e) Administered appropriate first aid treatment for heat exhaustion	( )	( )	( )
-- Moved the victum to an air conditioned or cool area, but guarded against chilling	( )	( )	( )
-- Loosened the victim's clothing	( )	( )	( )
-- Applied cool, wet dressings	( )	( )	( )
-- Treated for shock by elevating the feet	( )	( )	( )
-- Gave the victum sips of diluted salt water	( )	( )	( )
-- Consulted a doctor immediately.	( )	( )	( )
(3) In administering first aid treatment to a victim of simulated frostbite, the student:			
(a) Correctly described the symptoms of frostbite	( )	( )	( )
(b) Determined appropriate supplies needed	( )	( )	( )
(c) Administered appropriate first aid treatment for frostbite	( )	( )	( )
-- Moved the victim indoors immediately	( )	( )	( )
-- Covered the victim with blankets or extra clothing	( )	( )	( )
-- Gave the victim sips of a warm, nonalcoholic beverage.	( )	( )	( )
-- Immersed the frostbitten area in lukewarm water	( )	( )	( )
-- Had the victim try to move the frostbitten parts after the parts had warmed	( )	( )	( )
-- Treated for shock by elevating the affected area.	( )	( )	( )
-- Sought medical help immediately	( )	( )	( )

HUMAN DEVELOPMENT

COMMUNICATING IN INTERPERSONAL RELATIONSHIPS



INTRODUCTION

People learn to know, understand, and care for each other as they communicate. We usually think of communication as verbal (with words). But we also communicate without words (nonverbally). Communication is a lifelong activity that is continuously taking place. In this module you will learn about verbal and nonverbal communication. You will also learn how to identify levels and patterns of communication that you and others use. And, you will learn positive ways to develop good communication techniques.

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVE

When you finish this module you will be able to complete a test about communicating in interpersonal relationships with 80% accuracy.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, COMMUNICATING IN INTERPERSONAL RELATIONSHIPS.

LEARNING ACTIVITIES

1. READ and STUDY Student Information, COMMUNICATION, pp. 3-4,

   (and/or)_______________.

2. CHECK YOUR KNOWLEDGE by completing Student Self-Check, COMMUNICATIONS, pp. 4-5.

3. RESEARCH the questions on Student Information, COMMUNICATION WITH OTHERS, p. 5, using a reference provided by your instructor. DISCUSS the answers to the questions with classmates,

   (and/or)_______________.

4. ROLEPLAY situations that demonstrate levels of verbal communication and the patterns of communication. Your instructor will provide case situations,

   (and/or)_______________.

5. REACT to Student Information, NONVERBAL COMMUNICATIONS, pp. 5-6. With a group of classmates, DISCUSS the nonverbal communications illustrated. Then COMPILE a list of other nonverbal ways to communicate. SHARE your ideas with the class,

   (and/or)_______________.

6. READ and STUDY Student Information, LEARNING COMMUNICATION SKILLS, pp. 7-9,

   (and/or)_______________.

7. LISTEN to a resource person tell about communication methods,

   (and/or)_______________.

8. CHECK YOUR KNOWLEDGE by completing Student Self-Check, COMMUNICATION LEVELS, PATTERNS, AND SKILLS, p. 9.

9. WORK with your instructor to plan and carry out a related FHA/HERO activity,

   (and/or)_______________.

10. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

Student Information

COMMUNICATION

Communication is the process by which messages are exchanged between individuals. It is the basis of all relationships. In any communication there are three components: (1) the sender, (2) the receiver, and (3) the message. Communication has taken place when the message sent by the sender is understood by the receiver.

Communication begins at birth and is a lifelong activity. Communication goes on all of the time. Messages are always being sent, but they may not be interpreted as the sender has intended. Successful communication occurs when the receiver receives and interprets the message correctly. Successful communication has not occurred when the receiver has not understood the message. Communication does not mean that persons agree. It simply means that they understand each other.

Types of Communication

There are basically two ways that messages are communicated: verbally and nonverbally. Verbal communication includes:
--speaking
--tone of voice
--listening
--reading
--writing

Nonverbal communication is often referred to as "body language." It includes:
--hand gestures
--movements of the body
--facial expressions
--eye movement
--posture

Personal appearance and grooming are also types of nonverbal communication because they communicate a person's feelings about self. Selecting and taking care of your clothing and practicing good grooming habits communicate a message of pride and cleanliness.

Listening As Part of Communication

Listening is as important a part of verbal communication as speaking. There are several types of listeners. Some of these are described in the following paragraphs.

The "careless listener" is the person who half listens. This type of listener catches only bits and pieces of the message being conveyed.

The "narrow listener" hears only what he/she wants to hear.

The "defensive listener" is the person who reads meanings into what is being said and often takes messages as personal insults.

The "active or reflective listener" listens attentively to the message and tries to understand what the speaker is feeling as well as what he/she is saying. The active listener repeats or reflects the message back to the speaker to see if he/she really heard what the speaker said. (The message returned does not include the active listener's judgments or advice. It is just a repeat of the sender's message using different wording.)

"Passive listeners" are those who listen to others and invite them to share more of their feelings and ideas. But they, themselves, don't share their own feelings and ideas.

Obviously one should try to develop some of the listening skills of the active and passive listeners. These skills help a person communicate effectively. It takes effort, practice, and a genuine interest in others to learn these skills.

Barriers to Communication

Sometimes communication fails because there is a confusing message. Communication failure indicates that there are

barriers in the communication process. Barriers may include such personality traits as:
--shyness
--aggressiveness
--sarcasm and cutting remarks
--holding grudges
--gossiping
--jealousy and envy
--laughing at or making fun of others
--bragging
--arguing
--contradicting

These personality factors are barriers because we often feel uncomfortable, defensive, or irritated when we try to communicate with a person having any of these traits. However, when we understand an individual's personality we can often overlook his/her undesirable traits. Understanding people and overlooking undesirable personality traits aid in communication.

There are other barriers in communication besides personality factors. These include social and physical barriers:
--differences in cultures
--differences in ethnic groups and race
--differences in socio-economic levels
--differences in beliefs such as political or religious philosophies
--differences in family structures
--differences in age
--physical appearance, health, and grooming
--the seating arrangement
--noise levels
--acoustics (sound absorption)

When we realize that communication has failed, we should try to eliminate the barrier that caused the breakdown. Some of the barriers are very difficult to overcome. The following points are aids for communicating with others and overcoming some of the barriers.

1. Develop language skills by studying and practicing:
   --correct pronunciation of words
   --proper grammar
   --correct spelling
   --reading for comprehension
   --correct use of words (vocabulary)
   --penmanship

2. Practice good posture, proper body mechanics, facial expressions, and eye contact.

3. Properly clean and care for personal clothing and shoes.

4. Practice good grooming habits regularly.

5. Develop active and passive listening skills.

6. Work to overcome undesirable personality traits.

7. Strive to understand the feelings and personalities of others.

8. Learn to overlook undesirable personality traits of others.

Student Self-Check

COMMUNICATIONS

Directions: Answer the following questions on a separate sheet of paper. Check your answers against those provided on p. 10.

1. Name the three components in any communication.

2. (True False) Communication goes on all of the time.

3. There are two types of communication: verbal and nonverbal. List three types of verbal communication.

4. Name three types of nonverbal communication.

5. The ______ listener is the person who half listens.

6. The ______ listener is the person who reads meanings into what is being said and often takes messages as personal insults.

7. The ______ listener listens attentively to the message and tries to understand what the speaker is feeling as well as what he/she is saying.

8. The ______ listener listens to others and invites them to share more of their feelings and ideas.

9. List five possible barriers in the communication process.

10. List four points to consider when trying to overcome communication barriers.

Student Information

COMMUNICATION WITH OTHERS

Directions: Research the following questions using the references suggested by your instructor. Write your answers on a separate sheet of paper. Check your answers against those provided by your instructor.

1. Define the term "communication."

2. Explain the statement: "There is 'never no communication'."

3. Tell the difference between constructive communication and destructive communication.

4. In Person to Person by Connie Sasse, five levels of communication are identified. Name and describe each.

5. There are five "communication patterns": placating, blaming, computing, distracting, and leveling. Describe the characteristics of each pattern.

Student Information

NONVERBAL COMMUNICATIONS

Directions: Look at the illustrations that follow. On a separate sheet of paper, write down your first impression of what the person in the illustration is saying to you. After you have reacted to each picture, your instructor will assign you to a group of classmates. Share and discuss your reactions. Compile a list of other nonverbal ways to communicate. (Your instructor will provide further instructions for sharing your group's ideas with the class.)

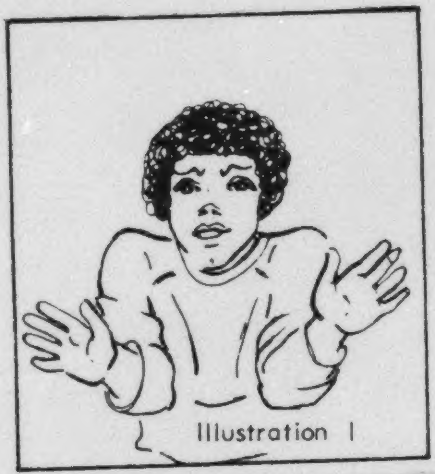


Illustration 1

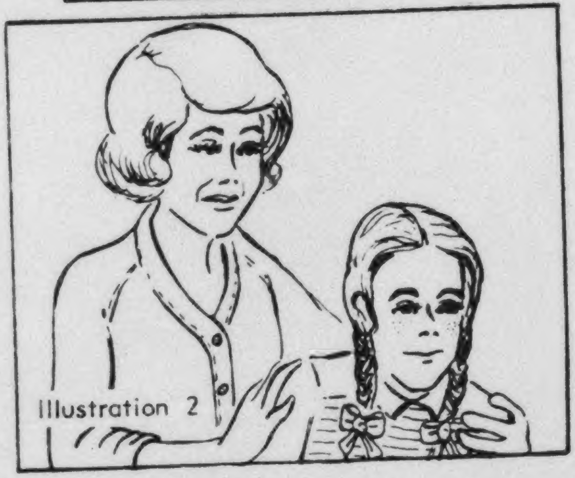


Illustration 2

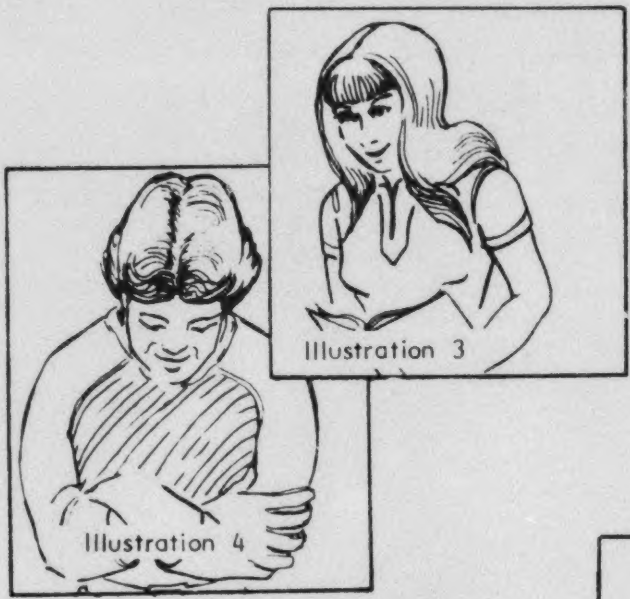


Illustration 3

Illustration 4

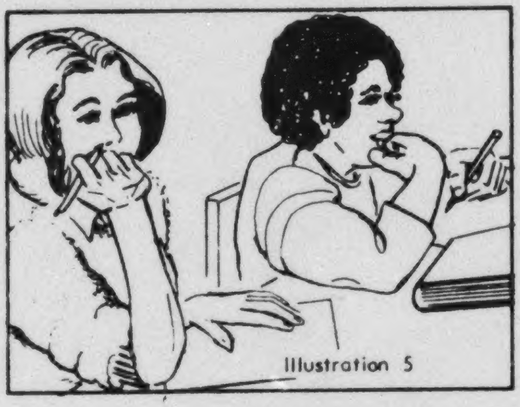


Illustration 5

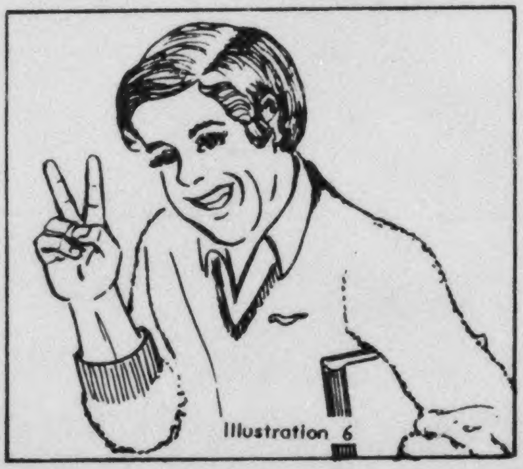


Illustration 6

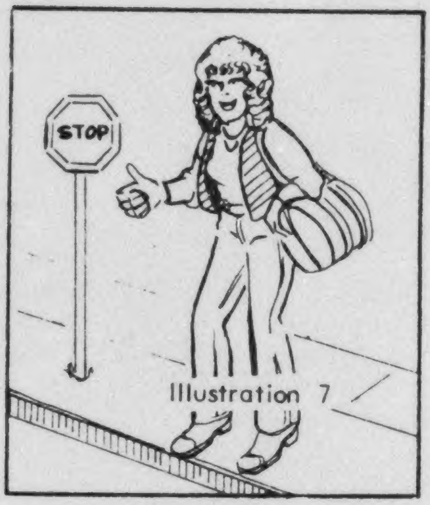


Illustration 7

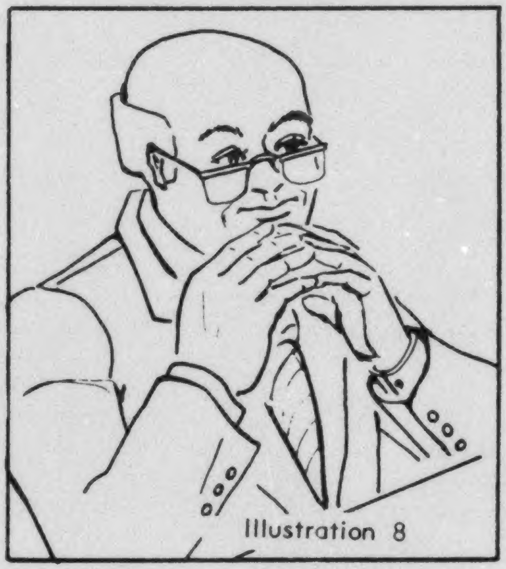


Illustration 8

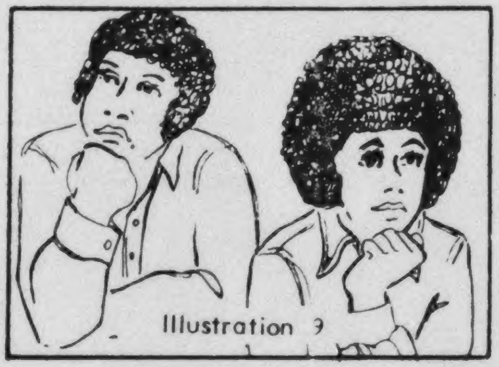


Illustration 9

Student Information

LEARNING COMMUNICATION SKILLS

Communication skills are among the hardest skills we have to learn in life. In order to really communicate we must understand ourselves and what we want to say. And we must understand others and what they want to say. In either case, that is not always easy to do.

In listening to others we must do more than listen to words and watch for body language. We must consciously think through each situation for hidden messages. For example, a little girl may hit her mother and say "I hate you!" when what she really means is, "I need your attention today. Stop what you are doing and give me some of your time and love."

We must do several things to develop communication skills. We must develop speech and language skills and good listening habits. We must also learn to control our body movements and emotions because these affect all of our other communication skills. You may not realize all of the factors that affect the communication process, such as:
--personality
--emotions
--time of day
--health
--grooming habits
--social and cultural differences
--age differences

If you are aware of these factors, you can learn how to overcome them. In the following paragraphs, you will find suggestions for better communication. Study the suggestions and try to use some of them as you communicate with others. Then, analyze how well they worked.

Use "I" messages.

When expressing a dislike for something, use an "I" message. For example, if ten-year-old Jane has clothes scattered all over her room and you want her to pick up her clothes, you should say: "Jane, I am upset that your clothes are scattered all over your room."

Avoid saying: "You make me upset because your room is cluttered with your clothes."

"I" messages put the responsibility for your feelings on yourself. "You" messages put the responsibility for your feelings on the other person. Blaming others or criticizing others does not help you communicate with them. It usually sets up a barrier in the communication process. It may also set a pattern for other communication.

Develop good personal traits.

As we watch other people we can pick out those who communicate well. Good communicators are persons who treat others like they themselves want to be treated. Good communicators have "empathy" (can put themselves in the other person's shoes). Both of these traits are important for effective communication. They are traits that everyone should work at developing. Family relationships help us begin to develop them. But these traits will have to be consciously practiced in order to become a geniune part of us. There are other traits that help us become good communicators:

--trustworthiness
--honesty
--kindness
--optimism
--fairness
--generosity
--patience
--courage

These traits help us learn to communicate our feelings, wants, and needs. They help us become good listeners. They help us to be concerned about the feelings, wants, and needs of others.

Develop good grooming habits.

Personal appearance often influences how well a person will be able to communicate with others. We cannot control how beautiful we are physically, but we can make sure that we are well-groomed and that our clothes are neat and clean. Good grooming habits should be established when we are very young. However, a conscious effort has to be made daily to stay well groomed. Cleanliness is important for our personal comfort and health as well as making us pleasant to be around. Cleanliness helps make us attractive. A poorly groomed person may set up a communication barrier with others who expect everyone to be clean and well-groomed.

Practice active and passive listening.

"Active listening" is the process of listening to every word that the speaker is saying and then relating the message back to the speaker without involving your own feelings or advice. This type of listening helps you develop empathy and gain insight into how the other person feels. It is also called "reflective listening."

"Passive listening" is the process of listening to and encouraging the other person to say more by such statements as "Tell me more" or "I'd like to hear more about that." This type of listening also helps you develop empathy and insight into how the other person feels. It is the "door-opener" type of listening.

Develop an understanding of others.

We sometimes have trouble understanding others. We can hear what they are saying but sometimes what they say doesn't match what their facial expressions and their body are saying. Some of the following guidelines will help you understand others better.

--Know the growth and development characteristics of people from birth through adulthood. This includes physical, intellectual, social, spiritual, and emotional development. Knowing what to expect from people of different ages will help you communicate more effectively with them.

--Take time to communicate. Building relationships with others takes time. We must set aside a time for communication with family members and friends. The best time to communicate with family members on a one-to-one basis may be after the evening meal when we are not hungry or rushed. This is the "winding down" time of the day. It is also a time when people can relate personal problems and seek advice. It may be good just to have someone listen to what you have to say.

A parent or guardian should be certain that each child in the family is given a chance to tell about his/her day at school or at work. The parents and older family members should also take time to tell what happened to them too. This opens the lines for communication. It encourages self-expression and it also promotes a feeling of self-worth. Every member of the family is important and should feel important.

--Discipline with love. The parent or guardian should show love and affection for each child and family member. When behavior is inappropriate, correction should be given in a positive way. The person should be told a better way to handle poor behavior. The message should be that the person's actions and behaviors may be bad but the person is not.

--Allow each person a time and place for privacy. Sometimes we need someone to listen to what we have to say and at times we need a quiet time to be alone. During this time we can reflect on our feelings and the way that we relate to others. This is a time for developing our value system and setting goals for ourselves.

--Avoid asking too many questions. Sometimes a person wants to talk but does not want the listener to ask questions or give advice. In this case, the listener should be either a passive or an active listener. This will depend upon the speaker's mood. The listener needs to be attentive and thoughtful.

--Keep confidences. Sometimes a family member or a friend will share personal information with you. You should not relate the confidential information to anyone else. This helps to build trust into your relationship. If the information shared is something that indicates danger to the person's health and well-being, you should talk to the person about solving the problem. This may include the suggestion of talking to another person (a counselor, a clergyperson, or another family member) about the shared confidence.

Continue to learn and develop.

We are continuously learning about the world around us. We should never stop trying to learn to develop new skills. Learning communication skills begins when a baby first cries. During the early months of life, crying is a baby's communication tool. Crying is an expression of the baby's wants and needs. During the preschool years, the child learns to say words. At the same time, the child communicates with facial expressions and body language. During the school years, the child learns to read and to write. This is another type of communication skill. Parents or guardians should support the children as they develop language skills. They should talk to their children and listen to them. They should provide reading materials and go to the library with them.

As children grow into adolescence and adulthood, they continue to learn new communication techniques. For one thing, they begin to develop self-discipline (or they suffer the consequences of not learning it). They learn to empathize with others. They consciously begin to develop desirable personal traits. Young people do not always see their own need to develop. It is often necessary for the parent or guardian to encourage their children to develop self-discipline and desirable personal traits. Sometimes a teacher is a major influence in a student's development.

Student Self-Check

COMMUNICATION LEVELS, PATTERNS, AND SKILLS

Directions: Answer the following questions on a separate sheet of paper. Check your answers with those provided on p. 10.

1. Name three of the five levels of communication.

2. List three of the five patterns of communication.

3. List four suggestions for developing better communication.

After you have completed this Student Self-Check, discuss the possible answers to the questions with classmates. Define each of the levels of communication and describe each of the patterns of communication. Discuss the suggestions for developing better communication. (Your teacher will lead the discussion.)

Student Self-Check

ANSWERS
COMMUNICATIONS

1. --sender
   --receiver
   --message

2. True

3. --speaking
   --tone of voice
   --listening
   --reading
   --writing

4. --hand gestures
   --movements of the body
   --facial expressions
   --eye movement
   --posture
   --personal appearance
   --grooming

5. careless

6. defensive

7. active or reflective

8. passive

9. --personality traits
   --differences in cultures
   --differences in and ethnic groups and race
   --differences in socio-economic level
   --differences in beliefs (political or religious philosophies)
   --differences in family structure
   --differences in ages
   --physical appearance, health, and grooming
   --the seating arrangement
   --noise levels
   --acoustics

10. --Develop language skills by studying and practicing them.
    --Practice good posture, proper body mechanics, facial expression, and eye contact.
    --Properly clean and care for personal clothing and shoes.
    --Practice good grooming habits regularly.
    --Develop active and passive listening skills.
    --Work to overcome undesirable personality traits.
    --Strive to understand the feelings and personalities of others.
    --Learn to overlook undesirable personality traits of others.

Student Self-Check

ANSWERS
COMMUNICATION LEVELS, PATTERNS, AND SKILLS

1. --cliche conversation
   --reporting things about others (gossip)
   --telling your ideas
   --sharing your feelings
   --peak communication

2. --placating
   --blaming
   --computing
   --distracting
   --leveling

3. --Use "I" messages.
   --Develop good personal traits.
   --Develop good grooming habits.
   --Practice active and passive listening.
   --Develop an understanding of others.
   --Continue to learn and develop.

Evaluator's Final Checklist

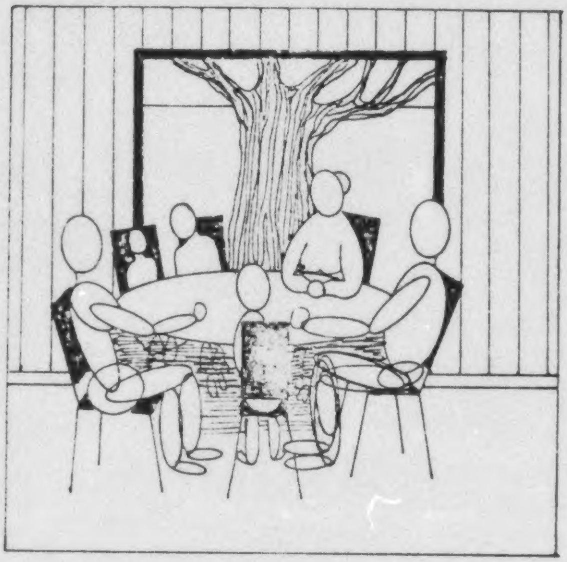
COMMUNICATING IN INTERPERSONAL RELATIONSHIPS

Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
The student completed the Check-Out Activity Sheet with 80% accuracy	( )	( )	( )

HUMAN DEVELOPMENT

HANDLING CONFLICTS IN RELATIONSHIPS



INTRODUCTION

Communication is more than words. It is also the sharing of feelings and thoughts. We sometimes conceal our feelings and thoughts within ourselves. At other times we reveal them in our facial expressions and body actions. When we talk with someone whose expressions are of a friendly nature, we feel happy and at ease. But when there is an expression of indifference, we feel frustrated. In this module you will learn about some satisfactory and unsatisfactory ways to handle conflicts in relationships.

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVE

When you finish this module you will be able to complete a test about handling conflict in relationships with 80% accuracy.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, HANDLING CONFLICTS IN RELATIONSHIPS.

LEARNING ACTIVITIES

1. READ about conflict in relationships in a reference provided by your instructor. DISCUSS Student Information, DISCUSSION GUIDE ABOUT HANDLING CONFLICT, p. 3, (and/or)________________.

2. READ Student Information, WAYS TO COPE WITH CONFLICTS, p. 3-4,

   (and/or)________________.

3. LIST three areas of conflict with your parents or guardians, three areas of conflict with your brother(s) and/or sister(s), and three areas of conflict with your friends. DESCRIBE one particular situation in each of the areas of conflict that you have listed. Then, ANSWER the questions on Student Information, ANALYZING REACTIONS IN AREAS OF CONFLICT, p. 4. SHARE your analysis with classmates,

   (and/or)________________.

4. VIEW filmstrips, provided by your instructor, about learning to be assertive. ROLEPLAY situations described in the filmstrips with classmates,
   (and/or)________________.

5. COMPLETE Student Self-Check, WAYS TO HANDLE CONFLICT, p. 4.

6. WORK with your instructor to plan and carry out a related FHA/HERO activity,

   (and/or)________________.

7. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

Student Information

DISCUSSION GUIDE ABOUT HANDLING CONFLICTS

Directions: In a small group or large group of students, discuss the following topics concerning the handling of conflict in relationships. Discussion should be based on the readings that you have done.

1. What is meant by the term "conflict?"
2. When is conflict considered destructive?
3. When can conflict have constructive results?
4. What does the term "conflict style" mean?
5. Tell about each of the following conflict styles:
    a. Physical violence
    b. Withdrawal
    c. Silent treatment
    d. Blow up
    e. Bagging
6. Why is it important to stick to one main issue in an argument?
7. Explain the "no-lose" method of solving conflicts.

Student Information

WAYS TO COPE WITH CONFLICTS

Every person has to deal with conflict in relationships at one time or another. Even individuals who have happy, cheerful, and agreeable personalities sometimes have disagreements with others. As you deal with conflict and as you watch others handle disagreements, you will notice ways people cope with conflict. Some of these methods of coping with conflict are discussed in the following paragraphs.

Compromise

Compromise is the most common and usually the most desirable way to cope with a problem. Compromise is the "no-lose" method of coping with conflict. Each person gives a little and gets a little. But, there may be times when a compromise is impossible to make. In this case, another way to resolve the conflict must be sought.

Accommodation

The accommodation method of coping with conflict is simply to agree to disagree. There are some beliefs that individuals have that they will not change. When two individuals come to realize that they have opposing points of view, the healthy way to cope with their conflict is to accommodate each other's viewpoint.

Concession

Concession is the type of solution in which one person must lose all while the other gains all. The issue that must be faced in this method of resolving conflict is who will be the winner and who will be the loser. Sometimes one person will agree to concede. Sometimes the two persons will agree to flip a coin to see which one of them will concede. At other times one person will agree to concede this time if the other person will concede the next time. There are times when one person will force the other person to concede. This may cause a strain in the relationship if it happens often. And then there are times when neither of the persons want to concede and will agree to let a third person decide for them.

Martyrdom

Martydom is exhibited by the person who gives in constantly to avoid disagreement. In this type of conflict solving, the relationship suffers and the person who always gives in loses self-respect and the respect of other people.

Avoidance

There will be times when two people seem unable to avoid conflict. This may be due to personality clashes or emotional differences. The two persons may find that they have to avoid each other in order to avoid disagreement. A relationship like this is usually characterized by continuous quarreling, open antagonism and tension, and an uncomfortable situation for other people.

As you deal with conflict in your relationships with others, you will find yourself using several of the five ways to cope with conflict. These methods of coping are actually ways to help you and the other person adjust to personal differences. It is important to select the best possible adjustment form in order to maintain healthy strong relationships.

Student Information

ANALYZING REACTIONS IN AREAS OF CONFLICT

Directions: After describing one particular situation in each of the areas of conflict that you listed, answer the following questions for each situation.

1. What was the conflict?
2. How did you and the other person resolve the conflict? (Which one of the ways to cope with conflicts did you use?)
3. How did you feel after the conflict?
4. If you had it to do over, what would you do differently?

Student Self-Check

WAYS TO HANDLE CONFLICT

Directions: Using a separate sheet of paper, number from 1-10. Match the terms and phrases with the descriptions by writing the letter of the DESCRIPTION beside the number of the TERMS AND PHRASES. Check your answers against the ones provided on p. 5.

TERMS AND PHRASES

____1. Compromise

____2. The Silent Treatment

____3. Accommodation

____4. Avoidance

____5. Withdrawal

____6. Martyrdom

____7. Concession

____8. Bagging

____9. Physical violence

____10. Blow Up

DESCRIPTION

a. The person gives in constantly to avoid disagreement

b. Resorting to physical abuse

c. Exploding when there is a conflict

d. Each person gives a little and gets a little

e. To avoid each other in order to avoid disagreement

f. One person losing all while the other gains all

g. To accumulate hurts and anger and then unload over one little incident

h. To leave when a conflict begins

i. To agree to disagree

j. To refuse to talk to the other person about the conflict

Student Self-Check

ANSWERS
WAYS TO HANDLE CONFLICT

1. d

2. j

3. i

4. e

5. h

6. a

7. f

8. g

9. b

10. c

Evaluator's Final Checklist

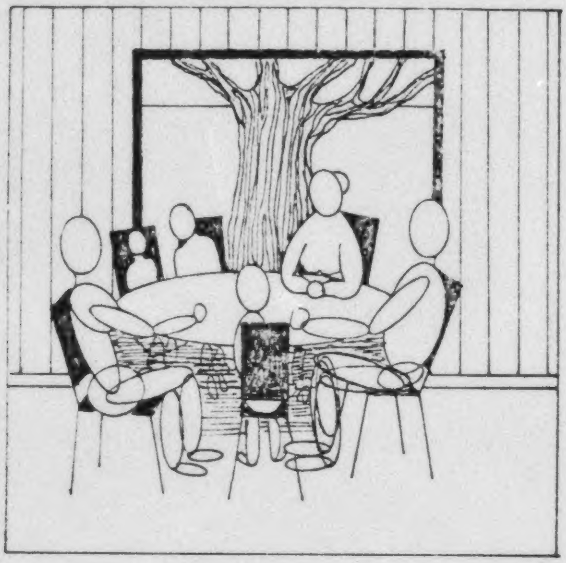
HANDLING CONFLICTS IN RELATIONSHIPS

Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
The student completed the Check-Out Activity Sheet with 80% accuracy	( )	( )	( )

HUMAN DEVELOPMENT

AMERICA'S CHANGING LIFE STYLES



INTRODUCTION

People have always shown their individuality and differences through their life styles. In various ethnic and religious groups today, as in the past, there are life styles which are different from what some people may feel is the traditional American life style. An understanding of these differences help us to broaden our knowledge of society. In this module you will learn about some changing life styles in America today.

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVE

When you finish this module you will be able to complete a test about America's changing life styles with 80% accuracy.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, AMERICA'S CHANGING LIFE STYLES.

LEARNING ACTIVITIES

1. READ Student Information, AMERICA'S CHANGING LIFE STYLES, pp. 3-5,

   (and/or)________________.

2. READ about other life styles-open marriage, group marriage, living together, and communes--in a reference provided by your instructor,

   (and/or)_______________.

3. COMPLETE Student Self-Check, CRAZY CROSSWORD PUZZLE ABOUT A SERIOUS SUBJECT, pp. 5-6.

4. INTERVIEW one or more of the people listed in Student Information, VIEWS ON CHANGING LIFE STYLES WORKSHEET, pp. 7-8. REPORT and DISCUSS your findings with a group of classmates,

   (and/or)_______________.

5. READ and REACT orally or in writing to case studies on changing life styles provided by your instructor,

6. WORK with your instructor to plan and carry out a related FHA/HERO activity,

   (and/or)_______________.

7. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

Student Information

AMERICA'S CHANGING LIFE STYLES

There are some people in probably every society who choose a way of living that is different from that in which they were reared. Most people in the United States still choose a life style similar to that which we consider traditional. They grow up, date, marry and have children. But in the last several years more acceptance has been given to those who choose different life styles. Their life styles may vary slightly from what we consider traditional. Or their life styles may vary greatly from what is considered traditional.

No one life style is right for everyone. Careful thought should be given in making the decision as to which life style is right for you. Read about some of America's changing life styles below.

Single Living

Single living is by no means a new life style in America. But, recently society has come to view single adulthood as a choice. They no longer consider those who remain single as failures. Between five and ten percent of the American population will remain single throughout their lives. This number is increasing as divorce becomes more common and more divorced persons choose not to remarry.

In the past it has been more accepted for the male to remain single. Now our society is coming to realize that not everyone's needs are met through marriage. More women are now financially independent. They can now more easily choose to be single. More women are choosing careers over marriage (or are postponing marriage).

Single Parenthood

A single parent can be either a mother or a father. At this time in America, women are more likely to be the head of single-parent families than men. This, in time, may change. With the divorce rate on the increase, the single parent life style is also on the rise. Studies show that one out of every six children in America today lives with only one parent. Single parenthood in the past has usually been a life style that people "happened into" due to divorce, desertion, or the death of a spouse. Some have been single parents who never married--women who may or may not have had an opportunity to marry. Some are single parents who never married--women who may or may not have had an opportunity to marry.

A new group of single parents, now legal in some states, are singles who adopt children. These are men or women who want to have children but do not want to marry. Often the children adopted by these individuals are school-age children who have not been selected for adoption by couples. Although it is not yet possible for a single adult to adopt a child in every state, some states do permit such adoptions. The adopted child is almost always the same sex as the new single parent.

Those who become single parents, for whatever reason, have a life style which differs from being a two-parent family in several ways. First, there may be less money with which to care for a family. This is true for single-parent fathers as well as single-parent mothers. Secondly, arranging for child care during working hours is somewhat more of a problem when one person must be totally responsible for all arrangements. Thirdly, some single parents may find that the total responsibility for parenting is difficult. On the other hand, many single parents may very much enjoy not having to consult a spouse on child-rearing decisions.

Contract Marriage

A contract is a binding agreement between two or more parties. It lists the responsibilities of each person involved. Every marriage license could be considered a contract. But recently many couples have been writing agreements in addition to the traditional marriage vows. Their "marriage contracts" specify either the length of the marriage or specific expectations of the individuals in the marriage.

A "renewable" marriage contract deals with the length of a marriage. Some people feel that since many marriages do not last a lifetime, the renewable contract can prevent many of the problems involved in divorce. A renewable contract might state that the couple agrees to be legally married for a certain period of time (usually three to five years). After that period of time, the couple either renews the contract or dissolves the marriage. These contracts are not legal in every state, but may be agreed to in addition to the standard marriage license. In this case, a part of the contract would spell out how the marriage would be dissolved in the event that the couple did not wish to continue their marriage after the contract date was up.

Another type of contract marriage involves what is expected of each marriage partner. This contract specifies the responsibilities and freedoms of each marriage partner. These may vary as to how specific they would be, depending on the couple and what was important to each person. This type of contract is to prevent many problems that might come up in marriage. Planning this type of contract forces a couple to think through and discuss their goals, beliefs, and expectations before they enter into marriage.

Childless Marriage

A life style that more couples are choosing is the childless marriage. There are several reasons why this is true:

--There are new, more reliable methods of birth control.

--There is wide publicity given to the economic necessity for family planning.

--There are more leisure-time activities and interests outside the home.

--More females are becoming career-oriented.

As a result of these reasons, and perhaps other reasons, the childless marriage is being chosen by more couples than ever before.

In years past, society expected all married couples who could to have children. Slowly society is beginning to accept the decision of the couple as to whether they want children. The least successful marriages are reported to be those with unwanted children. Couples now have a choice, and more and more are choosing a childless life style.

Two-Career Marriage

A life style that was once an option is now considered a necessity by many in the present society. More than half of today's married women are working outside the home. Young couples are finding that in order to maintain an acceptable standard of living, both marriage partners must work. This has had greatly affected family life. It has meant fewer children for many families. It also has encouraged more family sharing of tasks traditionally considered part of the womans's role.

In some cases, couples who could manage financially on one salary have two-career marriages by choice. Often both husband and wife wish to work and enjoy a career.

Divorce and Remarriage

Almost one-half of all marriages in the United States today end in divorce. This does not necessarily mean that married couples are more unhappy today than in the past. It may indicate that they are not willing to stay in an unhappy marriage.

The life style that is emerging from this increased divorce rate is remarriage. At this time, about ninety percent of those who divorce will eventually remarry--most within four years of their divorce.

Remarriage often involves combining two families. Also, children may be born of the new marriage. Child custody, financial responsibilities, and emotional responsibilities to the previous marriage are an aspect of remarriage that must be worked out.

Homosexual Life Style

A homosexual, as defined by the dictionary, is a person who has sexual desire for others of the same sex. Female homosexuals are called lesbians. A current popular term for homosexual is "gay." This is a term that homosexuals, as a group, find acceptable.

Homosexuals who have formed permanent partnerships feel that society is depriving them of the legal status and financial advantages of marriage. In some cases, children born to them through former heterosexual relationships have been taken from their custody.

In recent years, a great deal of publicity has been given to the homosexual, or "gay," movement. As a result of this, there is an effort within this group to legalize marriage of homosexuals. Homosexual marriages have been defined as two or more members of the same sex who want to make their responsibility to each other legal. They want to live in a sexual and social relationship which is accepted.

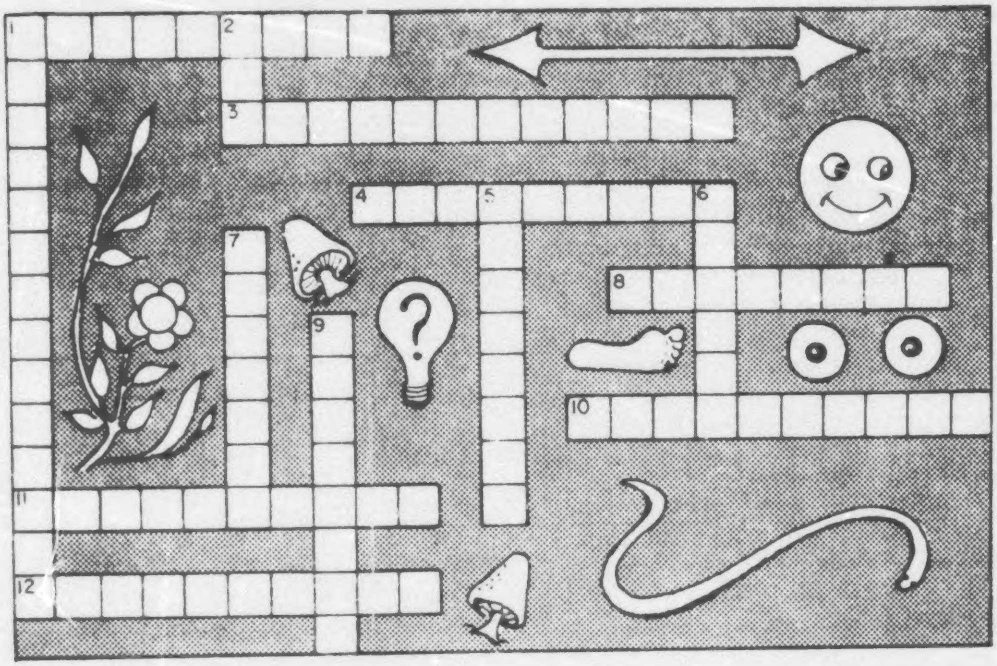
At this particular time, the homosexual life style is a controversial issue. There are legal issues to be resolved concerning the status of homosexuals in certain matters. In many state agencies throughout the country, homosexuals are barred from employment. There are, no doubt, many homosexuals who do hold jobs in public agencies, but these are usually homosexuals who have not openly admitted their life style.

Student Self-Check

CRAZY CROSSWORD PUZZLE ABOUT A SERIOUS SUBJECT

Directions: Your instructor has copies of the CRAZY CROSSWORD PUZZLE ABOUT A SERIOUS SUBJECT. Obtain a copy and use the words suggested by the statements on the following page to complete the puzzle. Check your answers against those provided on p. 9.

CRAZY CROSSWORD PUZZLE ABOUT A SERIOUS SUBJECT



Across

1. A way of living (two words)

3. When each party of the marriage is encouraged to grow and develop as an individual (two words)

4. The kind of marriage in which a couple decides not to have children

8. A binding agreement between two or more people

10. When an individual is rearing a child or children alone, the lifestyle is single _______.

11. A person who has sexual desires for those of the same sex

12. A common occurrence among divorced persons

Down

1. Two unmarried persons of the opposite sex sharing a household and a sexual relationship without marriage.

2. When both the husband and the wife work outside the home, the marriage is called a _______ career marriage.

5. Female homosexuals

6. When a person decides to live alone

7. Over half of the marriages in the United States end in _______.

9. The kind of life style in which a group of persons live together for a common purpose or need

Student Information

VIEWS ON CHANGING LIFE STYLES WORKSHEET

Directions: Obtain a copy of a worksheet similar to this one from your instructor. Select one or more persons to interview and ask them the questions below. Remember that they may not be familiar with the terms you have been studying. Explain each term to them so there will be no misunderstanding about what you are asking them.

Write down or record on tape the responses of each person you interview.

1. Lawyer:____________

Which of these life styles are legal in this state?

a. Contract marriage
b. Homosexual life style
c. Open marriage
d. Group marriage
e. Living together
f. Communes

What is the legal status of any children born to the unions mentioned?

If a couple separated or if one of them died, what would happen in this state to property of people living in each of these arrangements?

2. Parent Over 40:____________

How would you react if one of your children decided to select one of the following life styles?

a. Single living
b. Single parenthood
c. Contract marriage
d. Childless marriage
e. Two-career marriage
f. Divorce and remarriage
g. Homosexual life style
h. Open marriage
i. Group marriage
j. Living together
k. Commune

Would you, as middle-aged, be comfortable in any of these life styles? Which ones? Why or why not?

3. Single Person Under 30:____________

Would you be comfortable in any of these life styles?

a. Single parenthood
b. Contract marriage
c. Childless marriage
d. Two-career marriage
e. Divorce and remarriage
f. Homosexual life style
g. Open marriage
h. Group marriage
i. Living together
j. Commune

Which of these life styles do you think could be most successful? least successful?

Why do you think individuals are experimenting with different life styles?

4. Priest, Rabbi, or Minister:____________

What is your religious stand on the changing life styles below? Why do you feel as you do? How do you think society views these life styles?

a. Single living
b. Single parenthood
c. Contract marriage
d. Childless marriage
e. Two-career marriage
f. Divorce and remarriage
g. Open marriage
h. Group marriage
i. Living together
j. Commune
k. Homosexual life style

5. Person Over 70:____________

Would you be willing to experiment with a changing life style? Why? Why not? Which one?

a. Contract marriage
b. Homosexual life style
c. Open marriage
d. Group marriage
e. Living together
f. Commune

What is your feeling about the following situations?

a. A commune of all ages created from existing marriages and singles. There are no sexual relations except between married couples. The household duties, finances, and housing are shared.

b. A group marriage in which there are three women and one man. All are in their seventies and are in good health.

c. A contract marriage between a seventy-four-year-old man and a sixty-five-year-old woman. Both have had previous mates who are deceased. Each has children. The contract covers only property settlements to the children and remaining spouse if either dies.

6. Married Person Under 35:__________

Would you be comfortable in any of these lifestyles? Which one(s)? Why or why not?

a. Single living
b. Single parenthood
c. Contract marriage
d. Childless marriage
e. Two-career marriage
f. Divorce and remarriage
g. Homosexual life style
h. Open marriage
i. Group marriage
j. Living together
k. Commune

How are your feelings about changing life styles influenced by your family? by society?

Student Self-Check

ANSWERS
CRAZY CROSSWORD PUZZLE ABOUT A SERIOUS SUBJECT

Across

1. Life style
3. Open marriage
4. Childless
8. Contract
10. Parenthood
11. Homosexual
12. Remarriage

Down

1. Living together
2. Two
5. Lesbians
6. Single
7. Divorce
9. Communal

Evaluator's Final Checklist

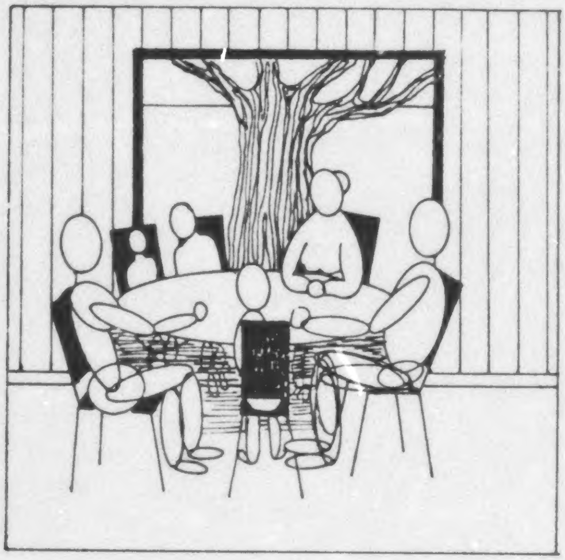
AMERICA'S CHANGING LIFE STYLES

Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
The student completed the Check-Out Activity Sheet with 80% accuracy	( )	( )	( )

HUMAN DEVELOPMENT

THE ROLE OF THE SINGLE ADULT



INTRODUCTION

More and more adult women and men are living as singles. Many of them are singles who have been married and divorced or widowed. Others are those who have never married. In this module you will learn some of the reasons why people live as singles. You will also learn things that singles identify as advantages and disadvantages of their life style. Examining the single life style will help you to make decisions about your own life. It also will help you to better understand those in our society who live as singles.

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVE

When you finish this module you will be able to complete a test about the role of the single adult with 80% accuracy.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Checklist, THE ROLE OF THE SINGLE ADULT.

LEARNING ACTIVITIES

1. READ about single living in a reference provided by your instructor,

   (and/or)_______________.

2. STUDY Student Information, WHO ARE TODAY'S SINGLES?, p. 3,

   (and/or)_______________.

3. STUDY Student Information, SOME OF THE ADVANTAGES AND DISADVANTAGES OF SINGLE LIVING, pp. 3-4,

   (and/or)_______________.

4. COMPLETE Student Self-Check, TODAY'S SINGLES, p. 5.

5. LISTEN to a panel of single adults discuss the topic "The Single Life Style,"

   (and/or)_______________.

6. PARTICIPATE in a small group discussion on "Being Prepared to Choose A Life Style." Your instructor will provide questions and suggestions for the discussion,

   (and/or)_______________.

7. WORK with your instructor to plan and carry out a related FHA/HERO activity,

   (and/or)_______________.

8. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

Student Information

WHO ARE TODAY'S SINGLES?

There are a lot of reasons why people do not marry. Some people are not physically, mentally, or emotionally able to marry. Others do not marry because they don't get a chance to meet possible mates. And some people simply choose to remain single because they are happy being single. In this study, we are more interested in unmarried people who choose the single life style.

As a group of people, today's "singles" are no different from any other average group of people. Some are male and some are female; some are young and some are old; some are well adjusted to life and some are not. The number of people who remain single is growing larger, and there are several reasons why.

Married—Then Single

There are more divorces in the United States than ever before. (More than one of every three marriages ends in divorce.) Most people who get divorces remarry, but many do not. Divorced and widowed people who do not remarry are singles. They are also single when they are between marriages. As the number of divorces grow, the number of singles grow. According to one figure, one of every three households is headed by a single--many of whom are divorced or widowed. Many of these have children.

Singles—Never Married

There have always been men and women in our society who do not marry. Many times people cannot find suitable marriage partners. But another group of never-married singles is growing in numbers. These are the singles who choose to remain single. This is happening more and more with women. Since more states are allowing singles to adopt children, many singles are becoming parents. They can have a family without a spouse.

Some of the reasons men and women are choosing to remain single include the following:

1. Many people in the past have married because it was "the thing to do." It was what society expected of them. Now, being single is considered an acceptable life style. Now that it is socially acceptable not to marry, more people are choosing not to.

2. In recent years, women have been able to get better-paying jobs and are able to support themselves. They do not need husbands "to take care of them" financially.

3. More women are involved in careers that demand their time and loyalty. They prefer to devote themselves to a career rather than a family.

4. In many cases both men and women enjoy the freedom of being single. They can do as they please and plan their own lives from day to day. They enjoy the feeling of independence and knowing they can take care of themselves.

Student Information

SOME OF THE ADVANTAGES AND DISADVANTAGES OF SINGLE LIVING

Being happy and satisfied with your life is extremely important. Some people can make themselves satisfied in a number of situations. Others seem never to be satisfied. Changing life styles does not guarantee happiness. But you may be interested in some of the things singles say about their lives--what they don't and what they do like.

Many singles have been questioned about the advantages and disadvantages of being single. Not all singles would agree on these, of course, but the ones listed below were mentioned most often.

DISADVANTAGES	ADVANTAGES
Loneliness: There is often no one person or group of persons with whom to relate in a close way.	Self-development: Many singles say they enjoy being able to develop their own talents and interests.
Lack of sexual intimacy: Many singles miss the sexual relationship that marriage provides.	Freedom from conflicts of intimate relationships: Many singles express satisfaction in being free from the problems their friends have with marital conflicts. They also expressed the same about the problems involved in being a parent.
Regret at having no children: Some singles, regret not having had children.	Financial advantages: Many singles feel they have more money as singles than they would if they were married.
Structure of our society: Our society is generally built around couples and family units. Singles say they often feel like outsiders in social situations because they have no spouse and no children.	Independence: Many singles enjoy being able to make decisions without consulting anyone else.

Understanding the Single Lifestyle

It is important to remember that every individual is different. What one person thinks of as an advantage may seem more like a disadvantage to another person. For example, one person may not want the responsibility of the day-to-day care of a family. Another person may find that responsibility a great pleasure. One person may be very lonely as a single. Another person may be just as lonely married.

Marriage and children may be just what you want. Or being single may be more desirable for you. Both are acceptable life styles. Either can be successful and satisfying. Or, either can be very unhappy and unsatisfying. You must decide what you want from life and what you are willing to put into it. A successful and satisfying life requires knowing yourself. It also requires a lot of personal effort no matter what life style you choose.

For example, you may choose to remain single and find that you are lonely. What can you do about this? Well, you can stay lonely and miserable, or you can develop some close friendships.

You may dislike the way many social organizations are built around couples. You can complain, or you can join or organize a group for singles.

The single life is not for everyone. But many are finding that it meets their needs.

Student Self-Check

TODAY'S SINGLES

Directions: On a separate sheet of paper, complete the multiple-choice exercise below. There may be one correct answer or several correct answers to each statement. Check your answers with the correct ones on p. 6.

1. Today's group of "singles" is made up of:
   a. divorced men and women
   b. widowed men and women
   c. men and women who never married
   d. men and women with natural or adopted children

2. The number of single people in our society:
   a. is getting smaller every day
   b. has grown as the divorce rate has risen
   c. has increased as society accepts the single life style
   d. is a serious political problem

3. Many of today's single women are choosing not to marry because:
   a. they are able to get better-paying jobs and can take care of themselves financially
   b. their friends warn them against marriage
   c. they choose to devote themselves to a career instead of a family
   d. they like being independent

4. Many of today's single men are choosing not to marry because:
   a. they like being independent
   b. their religious leaders warned them against marriage
   c. they have enough interests in their life without marriage
   d. they really like being single

5. Many singles agree on certain advantages of their lifestyle. Choose those advantages from the ones listed below:
   a. Opportunity for self-development
   b. Freedom from the conflicts of marriage and children
   c. Have more money as a single
   d. All of the above

6. Some of the disadvantages singles identify with their life style are:
   a. Difficulty in finding housing
   b. Not fitting into structured social organizations
   c. Lack of sexual fulfillment
   d. Loneliness

Student Self-Check

ANSWERS
TODAY'S SINGLES

1. a, b, c, d
2. b, c
3. a, c, d
4. a, c, d
5. d
6. b, c, d

Evaluator's Final Checklist

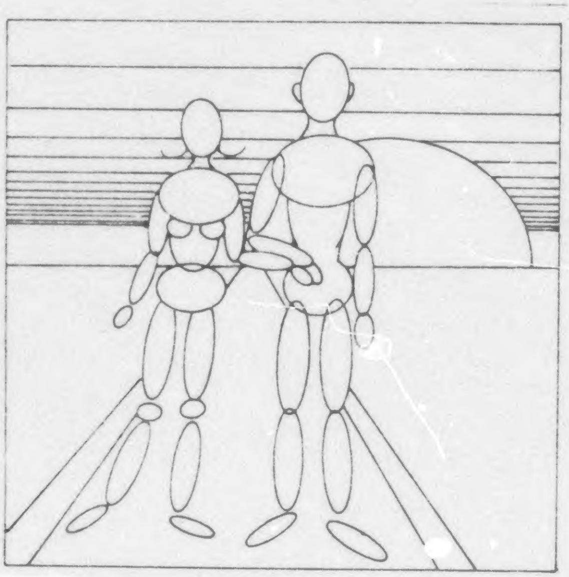
THE ROLE OF THE SINGLE ADULT

Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
The student completed the Check-Out Activity Sheet with 80% accuracy	( )	( )	( )

HUMAN DEVELOPMENT

SERIOUS DATING



INTRODUCTION

Dating serves special functions in society. Basically, it is a way of exploring male and female friendships. During the dating years, people learn to express affection for the opposite sex and also receive affection from them. Young people can improve their basic social skills, become more sure of themselves, and become more considerate of others through dating. In this module, you will learn about the types of love, dating activities, going steady, what to expect of those you date, and concerns of parents.

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVE

When you finish this module, you will be able to complete a test about serious dating with 80% accuracy.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, SERIOUS DATING.

LEARNING ACTIVITIES

1. READ about the types of love in a reference provided by your instructor. DISCUSS Student Information, WHAT IS LOVE?, p. 3,

   (and/or)_______________.

178

2. READ and RESEARCH the questions provided in Student Information, DATING FACTS, p. 3, in a reference provided by your instructor. DISCUSS your answers with the class,

   (and/or)_______________.

3. READ Student Information, DANGER SIGNALS IN DATING, p. 3-4,

   (and/or)_______________.

4. DISCUSS the role of the parent in the dating process in Phillips 66 groups. Your instructor will provide further instructions,

   (and/or)_______________.

5. MAKE a list of ten things you enjoy doing most on dates. COMPARE your list with classmates. COMPILE a master list of those things that are repeated most often. DISCUSS the master list with classmates (your instructor will provide instructions for completing this activity),

   (and/or)_______________.

6. VIEW filmstrips, provided by your instructor, about dating values, attitudes, and behavior. DISCUSS the information as a class,

   (and/or)_______________.

7. ROLE PLAY dating situations provided by your instructor,

   (and/or)_______________.

8. COMPLETE Student Self-Check, CONCERNS OF DATING, p. 4.

9. WORK with your instructor to plan and carry out a related FHA/HERO activity,

   (and/or)_______________.

10. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

Student Information

WHAT IS LOVE?

Directions: In a small group or large group of students, discuss the following topics concerning love. Discussion can be based on the readings that you have done.

1. What are some of the characteristics of love?
2. Define the term "infatuation."
3. What does "romantic love" refer to?
4. What does "conjugal love" refer to? What is included in conjugal love?
5. How does the love for one's family members and the love that one feels toward members of the opposite sex differ?
6. Do you believe in "love at first sight"? Why or why not?

Student Information

DATING FACTS

Directions: Research the following questions about dating in a reference provided by your instructor. Write your answers on a separate sheet of paper. After completing your answers, have a circular response with classmates.

1. What is dating?
2. List two common social situations that usually exists in dating couples.
3. In studies made by social scientists, it has been found that dating and marriage partners are more like each other than they are different from each other. List four traits which most couples share.
4. List three reasons why dating is good preparation for marriage.
5. Define the concept of "steady dating."

Student Information

DANGER SIGNALS IN DATING

One of the purposes of serious dating is to determine if a relationship should be permanent. Often certain signals occur which should help the couple determine how well they could get along in a long-term relationship. However, they may or may not recognize these as danger signals. Danger signals indicate that there may be trouble later if the couple does marry.

Quarreling is one of the danger signals often present during dating. Some disagreements are normal, but continous quarreling is a signal that the couple would not be happy if married. The "lovers' quarrels" would probably become family fights.

Another signal of danger is breaking up and making up once or more during courtship. Often there are doubts without actually breaking up. Doubts about a relationship signal that more thought should be given to a decision about marriage.

A lack of respect for each other or trying to change each other is another danger signal. Many people think they can change their partner after marriage. It is unlikely that this will happen. Couples must be willing to accept each other as they are. This includes habits such as grooming habits, table manners, being on time, drinking habits, personality traits, etc.

Differences in friends may lead to other problems. It is important to enjoy and feel comfortable with each other's friends. It is not easy to give up old friends because your partner does not like them.

Danger signals are often ignored because the couple has unrealistic ideas about love and marriage. Marriage is often used as a means of escaping other problems. This is also a serious danger signal. Trying to get away from home or one's present situation is a signal that the marriage will not change an already bad situation.

Student Self-Check

CONCERNS OF DATING

Directions: Using a separate sheet of paper, number the paper from 1-6. Match the terms and phrases with the descriptions by writing the letter of the DESCRIPTION beside the number of the TERMS AND PHRASES. Check your answers against the ones provided on p. 5.

TERMS AND PHRASES

____1. Dating

____2. Infatuation

____3. Romantic love

____4. Conjugal love

____5. Danger signals of dating

____6. Steady dating

DESCRIPTIONS

A. Quarreling, frequent break-ups in a love relationship

B. Very intense, but short-lived love relationship based chiefly on fantasy

C. A deep loving relationship within marriage

D. The love relationship that is characterized by a preoccupation with love or by the idealizing of love or the love object

E. An informal or formal planned activity that is shared with two persons of the opposite sex

F. When two people begin to date each other with the agreement that neither will date others

Student Self-Check

ANSWERS
CONCERNS OF DATING

1. E
2. B
3. D
4. C
5. A
6. F

Evaluator's Final Checklist

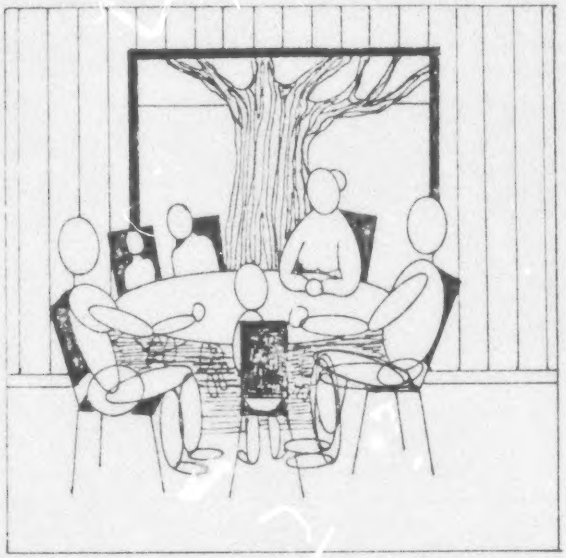
SERIOUS DATING

Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
The student completed the Check-Out Activity-Sheet with 80% accuracy.	( )	( )	( )

HUMAN DEVELOPMENT

PREPARING FOR MARRIAGE



INTRODUCTION

Those who marry will find that marriage is one of the most important events of a lifetime. It affects the couple, their families, and any children they may have. Preparation for marriage begins very early as one learns to socialize with his/her family and then outside the family. Many things are important to the success of a marriage. These include the ability to communicate well and to be sensitive to others. In preparing for marriage one needs to be as informed as possible, and one way to lern is through the experiences of others. In this module, you will learn about qualities to look for in a future spouse, the purpose of the engagement, various issues in marriage preparation, premarital counseling, and legal aspects of marriage preparation.

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVE

When you finish this module, you will be able to complete a test about preparing for marriage with 80% accuracy.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, PREPARING FOR MARRIAGE.

LEARNING ACTIVITIES

1. PARTICIPATE in a Phillips 66 discussion with classmates about the qualities to look for in a future spouse. SHARE your list with the class,

   (and/or)_______________.

2. READ about the engagement period in a reference provided by your instructor,

   (and/or)_______________.

3. VIEW a filmstrip, provided by your instructor, about the engagement period. DISCUSS the information presented in the filmstrips with classmates,

   (and/or)_______________.

4. READ Student Information, PREMARITAL COUNSELING, pp. 3-4. DISCUSS the importance of premarital counseling with classmates,

   (and/or)_______________.

5. VIEW filmstrips, provided by your instructor, about teenage marriages. DISCUSS the information presented in the filmstrips with classmates,

   (and/or)_______________.

6. STUDY Student Information, MARRIAGE PREPARATION, pp. 4-6,

   (and/or)_______________.

7. LISTEN to a resource person tell about the legal aspects of marriage preparation. ASK questions related to the topics discussed,

   (and/or)_______________.

8. DISCUSS Student Information. DISCUSSION GUIDE--ISSUES IN MARRIAGE PREPARATION, p. 7. Your instructor will lead the discussion session,

   (and/or)_______________.

9. COMPLETE Student Self-Check, PREPARING FOR MARRIAGE, p. 7.

10. WORK with your instructor to plan and carry out a related FHA/HERO activity,

    (and/or)_______________.

11. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

Student Information

PREMARITAL COUNSELING

Preparing for Marriage

While not every couple receives counseling, it can be an important step in preparing for marriage. It may help a couple:
--realize their marriage responsibilities.
--determine their compatibility (how they are suited or not suited for each other).
--determine possible problems and ways to cope with those problems.

After counseling, the couple may decide that they are not ready for marriage and need more time to get to know each other. Premarital counseling may prevent a couple from making an unwise decision.

This type of counseling may be particularly important for a couple who will have a "mixed marriage"--are of different race, religion, nationality, or ethnic background.

There are several types of premarital counseling available:

--Local or privately-owned counseling centers. These centers may involve sociologists, psychologists, medical doctors, and nurses working together to counsel the couple who is preparing for marriage.

--Religious-oriented interviews and classes. Some clergypersons interview prospective marriage partners. Commitments to each other, to a future family, and to the religious organization may be discussed. Sometimes classes for preparing for marriage are also offered.

--Family or other medical doctor. Some tests for physical health and well-being are required by law. The doctor will give these tests and any other examinations that he/she feels are necessary. The couple may talk to the doctor about sexually-related topics such as genetic counseling, sexual intercourse, family planning, and the use of contraceptives.

The Premarital Examination

The premarital examination will depend on the doctor and the couple. some doctors and couples prefer to do just the basic tests required by law. Others wish to complete a thorough physical examination. A good premarital examination will include the following:

--a review of the medical histories of both the man and the woman. (Possible hereditary diseases and/or defects may need attention or may need to be discussed before marriage.)

--a complete physical examination for both the man and the woman.

--a pelvic examination for the woman. (This may alert the couple to possible reproductive problems for the female.)

--a laboratory study of cells from the vagina and the cervix of the female for the presence of gonorrhea. (If gonorrhea is present, immediate treatment will need to be administered.)

--an examination of the male genitals for the presence of gonorrhea. (If gonorrhea is present, immediate treatment will need to be administered.)

--blood tests for both the man and the woman for the detection of syphilis. (If syphilis is present, immediate treatment will need to be administered.)

--a discussion about family planning and the use of contraceptives, if desired by the couple.

The premarital exam should be completed before the last few days before the wedding. (If the contraceptive pill is going to be used by the couple, it must be taken at least one month before the wedding date to be effective. Therefore, part of the premarital exam should be scheduled two months or more before the wedding date. It will give the woman time to adjust to the physical symptoms that may occur due to the first use of the pill.)

Student Information

MARRIAGE PREPARATION

Marriage preparation involves a transition of thought and action from "me" to "we." Future plans should include the couple as a pair. As the couple prepares for marriage, several points should be discussed. These points include the following:

--understanding and accepting each other
--the sexual relationship
--future in-laws
--friendships
--revealing the past
--career and family goals
--budgeting
--living arrangements
--premarital counseling
--"mixed" marriage
--legal aspects of marriage

Understanding and Accepting Each Other

Couples must learn to accept each other as complete persons. This means accepting and learning to tolerate personality traits they do not like. Some people think that their future spouse will change to suit them after the wedding. These same people find that this expected change rarely occurs.

The following characteristics should be developed by all people, but especially for a couple who look forward to a marriage relationship:

--a good self-concept
--empathy
--a positive attitude
--trustworthiness
--honesty
--a recognition of the other person's right to privacy and personal growth
--open communication
--a sense of humor
--the ability to accept constructive criticism
--the ability to accept other persons' expectations of us

The Sexual Relationship

Verbal communication about sexual expectations and roles in marriage is very important. Discussions about the sexual relationship should include birth control and which method is best suited for the particular couple's family planning goals.

Future In-Laws

Marriage means a new relationship not only with a spouse but with in-laws as well. Keeping a positive attitude toward in-laws is one trait that will help couples adjust to the new family they acquire through marriage. Patience, tact, and a sense of humor are important. Learning to listen to advice and then analyzing it as to its appropriateness is another good trait to develop.

Friendships

Once a couple marries they will share

friends. Occasionally, this may not be easy to do. When this is the case, the couple should communicate their feelings to each other. But, at the same time, one should not try to hinder the friendship between the spouse and a friend. Learning to accept each other's friends is important.

Revealing the Past

Information shared with a future spouse about the past should be well thought through prior to the sharing. There may be some points that are best left unsaid because of the affect they will have on the relationship. Telling about past intimacies and love relationships are an example of this. Revealing this type of information may cause distrust, jealousy, or loss of respect.

There are some points that should be revealed because of their far-reaching effects on the relationship. These include:
--a previous marriage and obligations due to that marriage
--heredity problems that could be passed on to children
--physical defects that could prevent pregnancy
--personal health and past health history
--a prison record
--debts owed

Career Goals and Family Goals

Prior to marriage, the couple should sit down and discuss their career goals and their family goals. Many couples find that both partners have to work in order to have sufficient income to meet their personal wants and needs. If their career choices require further education or training, the couple needs to decide whether education or training will be completed by one or both partners. If both partners work, they will have to decide on the right time to achieve family goals, i.e., when to have children, the number of children they want to have, whether or not they want to own their own home, etc. Also, if one of the spouses has a demanding career, the other will have to be ready to accept the demands of that career.

Budgeting

During marriage preparation, the couple should plan a budget. For the first few months of marriage, the budget must be based on the salary that is presently coming in or that is anticipated. In doing this, each will learn the other's monetary values. It is important to think through future money problems and priorities. Financial problems are one of the top problems in married life, and it is best to know what each expects prior to marriage.

Living Arrangements

Future living arrangements will depend on the job location and finances. If one (or both) is going to be attending school, this will also effect the living arrangements. Where to live, how much rent to pay, and what furniture and household accessories are needed, are a few of the questions that have to be answered prior to marriage. Some couples are on a very tight income. They may have to live with one set of parents until they are financially able to be in a house or an apartment of their own. Some couples may have to live apart during the week due to one of them going to school while the other is holding down a job. Living arrangements should be made during marriage preparation so that each can better adjust to the situation.

Premarital Counseling

Premarital counseling is an important part of marriage preparation. Family planning and the use or nonuse of birth control, as well as the physical health of both, are issues that can be taken care of during this period prior to marriage. (Premarital counseling has been discussed in an earlier Learning Activity. Refer to that information if you wish to review this point of marriage preparation.)

Mixed Marriage

"Mixed marriage" refers to a marriage in which the couple are of a different race, religion, nationality, or have certain other different characteristics and circumstances in their make-up or background. If your marriage is going to be a mixed marriage, you and your future spouse should discuss the problems you will face as a married couple and as parents prior to marriage.

Legal Aspects of Marriage

Marriage is a legal arrangement. The state is the third party in any marriage. A couple must abide by the laws established by the state in which they reside or in which they are getting married.

Marriage laws concerning the following points vary from state to state:
--laws concerning previous marriages
--physical qualifications
--mental qualifications
--prohibited relationships
--time restrictions for licensing
--legal officiates (persons who can legally perform the wedding ceremony)

In the United States it is illegal to have more than one spouse. In order to get married both partners must be single. One or both may have been married before. However, remarriage is legal only if the first spouse is dead or if the previous marriage has been terminated by divorce or annulment.

Marriage laws in most states require a blood test to determine whether or not the couple is free of certain communicable diseases such as venereal diseases. Both partners take the Wasserman test, a blood test to determine the presence of venereal disease. The test is a precaution against having children born with defects due to VD. Some states require a more complete physical examination. If the marriage license is not obtained within a certain time period, the tests will have to be administered again.

Marriage laws dealing with age regulations specify:
--the age below which parental or guardian consent is required.
--the age below which one cannot marry.

Most states prohibit marriage of close blood relatives because of the possibility of defective offspring. State laws should be referred to in order to determine legality in the particular state.

COUNTY COURT CLERK
MARRIAGE LICENCE

Prior to the marriage ceremony, a marriage license must be applied for and obtained from the city or county court clerk where the couple reside. Some states require a waiting period between applying for and obtaining a marriage license. Three days is the most common period of waiting.

Persons qualified to perform marriage ceremonies include:
--civil authorities such as a justice-of-the-peace or a judge.
--clergypersons (minister, priest, rabbi).

Student Information

MARRIAGE PREPARATION

Directions: In a small group or large group of students, discuss the following questions under each of the topics concerning issues in marriage preparation.

Topic 1: THE ENGAGEMENT

a. What is the purpose of the engagement period?
b. What are some reasons for breaking an engagement?
c. How long should an engagement period be?
d. Why do some engaged couples who are having relationship problems remain engaged?

Topic 2: PREMARITAL COUNSELING

a. When a couple is planning to get married, what persons or resources can they consult for advice or information?
b. What is included in a premarital examination?

Topic 3: LEGAL ASPECTS OF MARRIAGE PREPARATION

a. What are the requirements for obtaining a marriage license?
b. Who is legally qualified to perform a wedding ceremony?
c. What is a "common law marriage?"
d. Why is the marriage of blood relatives illegal in most states?

Student Self-Check

PREPARING FOR MARRIAGE

Directions: Answer the following questions on a separate sheet of paper. Check your answers against those provided on p. 8.

1. What is the purpose of the engagement?
2. List five points that should be considered when preparing for marriage.
3. Define the term "mixed marriage."
4. List four things that are included in a premarital examination.
5. Who is qualified to perform marriage ceremonies?

Student Self-Check

PREPARING FOR MARRIAGE ANSWERS

1. The purpose of the engagement is to plan and prepare for marriage. It is a time for developing a commitment to each other. It also provides the couple time to determine whether they are really compatible or should break the engagement.

2. --Understanding and accepting each other
   --The sexaul relationship
   --Future in-laws
   --Friendships
   --Revealing the past
   --Career and family goals
   --Budgeting
   --Living arrangements
   --premarital counseling
   --Mixed marriage
   --Legal aspects of marriage

3. "Mixed marriage" refers to a marriage in which the couple are of a different race, religion, nationality, or have certain other different characteristics and circumstances in their make-up or background.

4. --A review of the medical histories of both the man and the woman
   --A physical examination for both the man and the woman
   --A pelvic examination for the woman
   --A laboratory study of cells from the vagina and the cervix of the female for the presence of gonorrhea
   --An examination of the male genitals for the presence of gonorrhea
   --Blood tests for both the man and the woman for the detection of syphilis
   --A discussion about family planning and the use of contraceptives if desired by the couple

5. --Civil authorities such as justice of the peace or a judge
   --Clergypersons (minister, priest, rabbi)

Evaluator's Final Checklist

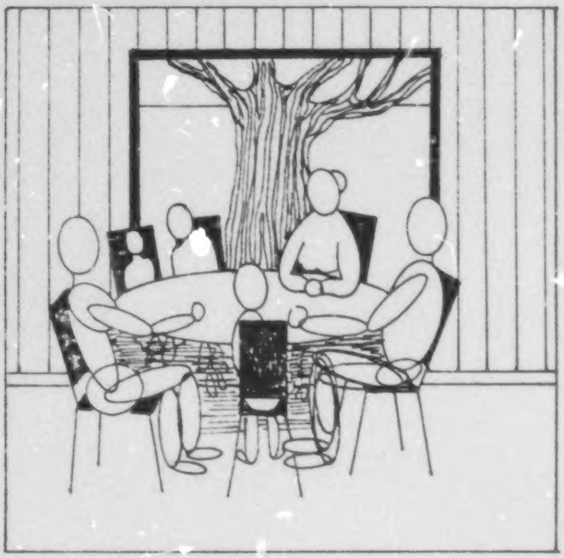
PREPARING FOR MARRIAGE

Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
The student completed the Check-Out Activity Sheet with 80% accuracy	( )	( )	( )

HUMAN DEVELOPMENT

MAKING WEDDING ARRANGEMENTS



INTRODUCTION

A wedding may be very elaborate or it may be very simple, depending upon the couple's preferences and finances. Whichever is the case, plans will need to be made. In this module you will learn about making wedding arrangements.

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVE

When you finish this module, you will be able to complete a test about making wedding arrangements with 80% accuracy.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, MAKING WEDDING ARRANGEMENTS.

LEARNING ACTIVITIES

1. READ about wedding ceremonies in a reference provided by your instructor,

   (and/or)________________.

2. READ and DISCUSS Student Information, MAKING WEDDING ARRANGEMENTS, pp. 3-7,

   (and/or)________________.

3. LISTEN to resource persons tell about various aspects of making wedding arrangements,

   (and/or)________________.

4. READ about the wedding trip or honeymoon in a reference provided by your instructor. DISCUSS the points listed in Student Information, THE HONEYMOON, p. 8, with classmates,

   (and/or)________________.

5. COMPLETE Student Self-Check, THE WEDDING AND HONEYMOON, p. 8.

6. WORK with your instructor to plan and carry out a related FHA/HERO activity,

   (and/or)________________.

7. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

194

Student Information

MAKING WEDDING ARRANGMENTS

A wedding may be a formal, semi-formal, or informal event. The choice may depend upon the amount of money the couple can afford to spend. Plans need to be made no matter what type of wedding is decided upon. The following charts tell about the things that will need to be done to make the wedding arrangements. Chart 1 is THE COUPLE'S WEDDING TIMETABLE. It gives the various things that will need to be done on a month-to-month basis prior to the wedding day. Chart 2 is THE DIVISION OF THE WEDDING COST. It divides the cost among the bride, groom, bride's family, and groom's family according to the way many couples share the expense. As you review the charts, keep in mind that these are suggestions for the traditional wedding. For less formal weddings some of the points will not apply. If you are interested in more detailed information about wedding arrangements and etiquette, read other references.

CHART I

THE COUPLE'S WEDDING TIMETABLE

THREE TO SIX MONTHS BEFORE	--Set the wedding date. --Plan and make arrangements for the type, size, and place of the wedding. --Plan the over-all wedding budget. Discuss it with the parents if they are helping with the costs. --Begin to prepare the guest list. Both the bride and groom will compile this list together. --Choose the attendants. --Plan the reception and make tentative reservations. --Choose and order the wedding gown (or dress), accessories and the groom's tuxedo (or suit). --Select and register china, silver, crystal, etc. --Make arrangements for living quarters. --Begin shopping for trousseau (the personal possessions of a bride usually including clothes, accessories, and household linens and wares). --Make an appointment to visit the clergyperson or other person who will be performing the ceremony.

THE COUPLE'S WEDDING TIMETABLE

TWO MONTHS BEFORE	--Complete the guest list. --Order invitations, announcements, etc., if used. --Address envelopes of invitations and announcements. --Check with the local newspaper about putting the bride's and/or groom's picture in the paper with the announcement of the wedding. --Invite the attendants and order their wedding attire. --Make arrangements with a photographer. Discuss the fees. (Be sure to consult the clergyperson about taking pictures during the ceremony. Certain parts of the ceremony or the church may be considered sacred. Taking pictures may not be allowed.) --Make an appointment and have a premarital physical examination. --Arrange all of the reception details. --Set the date for the wedding rehearsal and the rehearsal dinner. --Discuss color scheme with mothers so they can order their dress or gown. --Make arrangements for the music: playing the organ, piano, or other musical instrument, having a soloist or duet, etc., choosing the songs, and/or having a band or orchestra for the reception.
ONE MONTH BEFORE	--Mail the invitations. --The bride should buy gifts for the attendants and bridegroom and make plans for a luncheon for the attendants, if desired. --The groom should order flowers for the bride, for both mothers' corsages and boutonnieres for the men in the wedding party. --The groom should select presents for the bride and his attendants and order gloves and ties for the ushers. (He should make certain that they have ordered their own attire.) --Choose and order the flowers for the wedding and the reception. --Order the wedding rings. --Arrange lodging for out-of-town guests and attendants.

THE COUPLE'S WEDDING TIMETABLE

	--Order the wedding cake. --Write thank you notes for all the gifts as they arrive. --Have the final fitting of the wedding gown and the attendant's gowns. --Plan and make arrangements for the rehearsal dinner. (Or, if the groom's family is giving the dinner, help them as necessary.) --Apply for the marriage license. The groom should see that all necessary documents are in order.
ONE WEEK BEFORE	--Check on the arrival of gowns and trousseau items. --Make an appointment to get hair styled. --Have the bridal luncheon, if desired. --Display gifts. (Continue to write thank you notes as gifts are received.) --Begin packing for the wedding trip or honeymoon. --Give final estimate of the number of guests to the caterer or person handling the reception. --Arrange the rehearsal and inform the attendants of the time and place. --Check on final details with the florist, the photographer, and the musicians. --Spend time with both families. --Deliver the wedding announcement and picture to the newspapers. --Arrange for personal items to be moved to new home. --The groom should check honeymoon arrangements and make final payment. --The groom should arrange for transportation from the wedding to the honeymoon departure point. --Have a bachelor dinner, if one is planned. --The groom should put fee for the clergyperson or judge in a sealed envelope and give it to his best man to deliver.

Chart 2

THE DIVISION OF THE WEDDING COST

BRIDE	--Her trousseau. --Wedding ring for the groom. --Wedding gift for the groom. --Gifts for the bride's attendants. --Personal stationery. --Her premarital examination. NOTE: If the bride is financially independent, she may assume any other of her family's traditional responsibilities.
BRIDE'S FAMILY	--Wedding invitations and announcements. --Engagement and wedding photographs. --Rental for church. --Fees for the organist, soloist, etc. --Aisle carpet. --Flowers for the church. --Bridesmaids' bouquets and flower/hat headdress. --Transportation for bridal party from house to church and to the reception. --Bridesmaids' luncheon. --Entire cost of the reception.
GROOM	--Bride's engagement and wedding rings. --The marriage license. --Gift for the bride. --His premarital examination. --Bride's bouquet and going-away corsage. --Boutonnieres for the men of the wedding party. --Flowers for the two mothers. --Gloves, ascots or ties for the men in the wedding party. --Gifts for the ushers and best man. --Accommodations for the best man and ushers. --Fee for the clergy. --Flowers to the bride's mother after the wedding accompanied by a warm "thank-you" note. --The honeymoon or wedding trip.

GROOM'S FAMILY	--Clothes they wear to the wedding. --Any traveling expenses and hotel bills for themselves. --Wedding gift for the bride and groom. --The dinner preceding or following the wedding rehearsal can be given by either the bride's or bridegroom's family.

Student Information

THE HONEYMOON

Directions: After you read about the wedding trip or honeymoon, discuss the following points with classmates.

Reasons for a wedding trip or honeymoon:

--A time to begin learning the new roles of husband and wife
--A time to rest
--A time to be alone
--A time for beginning an intimate sexual relationship

Points to consider when planning a wedding trip or honeymoon:

--Privacy
--Freedom from fatigue and nervous tension
--Activities appropriate for both partners' interests should be kept in mind
--The cost factor

Student Self-Check

THE WEDDING AND HONEYMOON

Directions: Answer the following questions on a separate sheet of paper. Check your answers against those provided on p. 9.

1. There are two basic kinds of wedding ceremonies. Name them.

2. List six arrangements that have to be made in preparation for the wedding.

3. List five things the bride traditionally pays for in the division of wedding costs.

4. List five things the groom traditionally pays for in the division of wedding costs.

5. List five things the bride's parents traditionally pay for in the division of wedding costs.

6. List four reasons for a honeymoon or wedding trip.

Student Self-Check

THE WEDDING AND HONEYMOON ANSWERS

1. --Religious

   --Civil

2.- 5. See Student Information, MAKING WEDDING ARRANGEMENTS, pp. 3-7. for the answers to these questions.

6. --A time to begin learning the new roles of husband and wife
   --A time to rest
   --A time to be alone
   --A time for beginning an intimate sexual relationship

Evaluator's Final Checklist

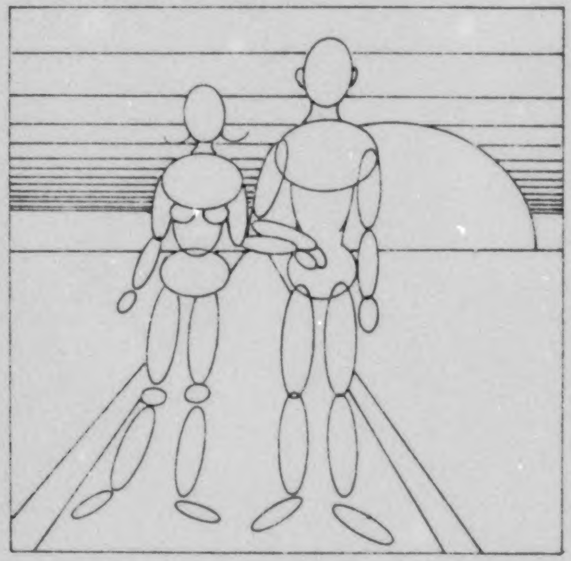
MAKING WEDDING ARRANGEMENTS

Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
The student completed the Check-Out Activity Sheet with 80% accuracy	( )	( )	( )

HUMAN DEVELOPMENT

METHODS OF BIRTH CONTROL



INTRODUCTION

Anyone who has made a decision to be sexually active should consider birth control measures. Couples must use some form of contraception to protect both male and female from the problems of unwanted pregnancies. Unwanted pregnancy is a serious and growing problem among teenagers. It is especially on the increase with 13-15 year olds. Girls this age are neither physically nor emotionally prepared for childbirth and motherhood. Males, too, are affected by this problem. They must be equally concerned with preventing it. In this module you will learn about the natural, mechanical, chemical, and surgical methods of birth control.

Before you start to work on this module, be sure you have completed module HD-5, "The Parts and Functions of the Human Reproductive Systems."

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVE

When you finish this module, you will be able to complete a test about the methods of birth control with 80% accuracy.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, METHODS OF BIRTH CONTROL.

LEARNING ACTIVITIES

1. READ Student Information, BIRTH CONTROL METHODS, p. 3-11,

   (and/or)________________.

2. VIEW a filmstrip on birth control provided by your instructor. DISCUSS the filmstrip with a large or small group of students,

   (and/or)________________.

3. COMPLETE Student Self-Check, BIRTH CONTROL, p. 12.

4. WORK with your instructor to plan and carry out a related FHA/HERO activity,

   (and/or)________________.

5. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

Student Information

BIRTH CONTROL METHODS

Any person who has sexual intercourse and does not want to have children must use some method of birth control (contraception). "Birth control" means to limit pregnancy. It also includes ending a pregnancy on purpose.

There are four types of birth control methods.

Natural methods include those methods in which no chemicals or mechanical devices are used:
--abstinence
--rhythm
--temperature
--ovulation
--withdrawal

Mechanical methods include the following devices:
--diaphragm
--intrauterine device (IUD)
--condoms (rubbers)

Chemical methods include the following:
--the "pill"
--spermicides

Surgical methods include the following:
--induced abortion
--tubal ligation
--laparoscopy
--vasectomy

The chart beginning on page 4 shows the various types of birth control methods. They are listed from the most effective to the least effective method. An explanation of each and its advantages and disadvantages are provided.

Need for Birth Control

Most husbands and wives use some form of contraception because: (1) they may not want any children; (2) they may want to wait awhile before having children; or (3) they may want to space their children.

Statistics show that many teenagers are sexually active. The number of pregnancies among teenagers shows that they either do not know about birth control or they do not practice what they know. Unwanted pregnancy is on the increase, especially with 13-15 year olds. Girls this age are neither physically nor emotionally prepared for childbirth and becoming a mother. Males are also affected by this problem and should be equally concerned with preventing it.

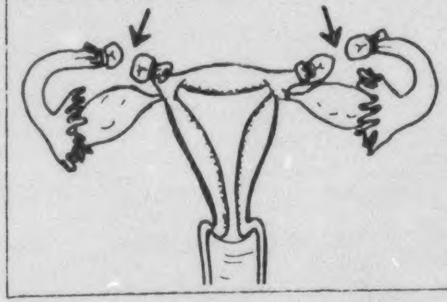
Females who regularly practice some type of birth control method have only an eleven percent (11%) chance of becoming pregnant. Any healthy, young female who has sexual intercourse regularly and uses no birth control method has an eight out of ten chance of getting pregnant sooner or later.

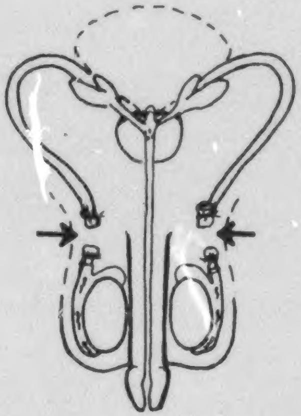
How Contraception Works

During sexual intercourse, the male ejaculates (releases semen through the penis) into the female vagina. If the sperm (male sex cell) in the semen reaches the ovum (female sex cell), it fertilizes the ovum. This meeting of egg and sperm is called "conception."

Contraceptives prevent the sperm from reaching the ovum. Couples should know that pregnancy can occur without complete penetration of the penis into the vagina. Sperm can live and can travel for hours to reach the ovum.

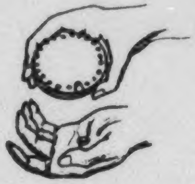
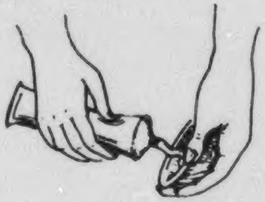
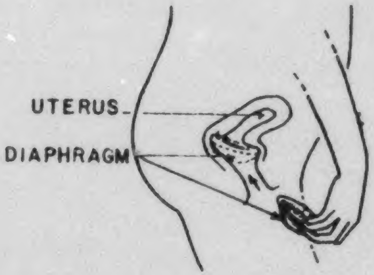
The type of birth control method chosen must be determined before sexual intercourse. Both partners should discuss and decide in advance what method will be used. Then the method must be followed exactly according to directions.

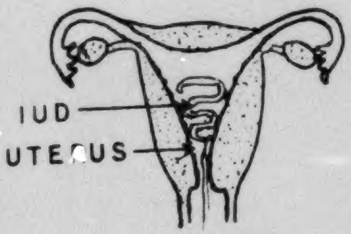
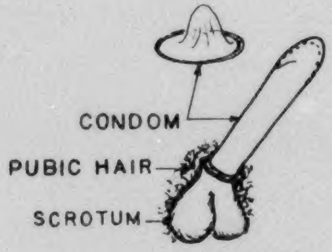
BIRTH CONTROL METHODS	EXPLANATION	ADVANTAGES	DISADVANTAGES	EFFECTIVENESS*	
				CORRECT USE	ACTUAL USE
ABSTINENCE	Refraining from sexual intercourse is called abstinence. Abstinence is practiced by sexually inactive persons and members of certain religious groups.	--Pregnancy cannot possibly occur.	--Abstinence is not an acceptable decision for many people.	100%	100%
INDUCED ABORTION	This is a surgical method in which the pregnancy is ended by vacuum or suction curettage, dilation and curettage (D and C), saline injection or intrauterine instillation. It is used only when one of the other methods of birth control has failed and the female wants to end the unwanted pregnancy.		--It requires a hospital stay.	100%	100%
TUBAL LIGATION 	This is a surgical method in which the female's fallopian tubes are cut and tied to prevent the ovum from being fertilized by the sperm.		--It requires a hospital stay. --Operations to reverse the procedure are not usually successful.	near 100%	near 100%

BIRTH CONTROL METHODS	EXPLANATION	ADVANTAGES	DISADVANTAGES	EFFECTIVENESS*	
				CORRECT USE	ACTUAL USE
LAPAROSCOPY	This is a surgical method in which the female's fallopian tubes are sealed. This prevents the ovum from being fertilized by the sperm.	--It is done under local anesthetic in the doctor's office.	--Operations to reverse the procedure are not usually successful.	near 100%	near 100%
VASECTOMY 	This is a surgical method in which the male's vas deferens are cut and tied (ligated). This prevents sperm from being ejaculated. Tests should be performed following the surgery to make sure there are no sperm present.	--It can be performed in the doctor's office.	--Operations to reverse the procedure are not usually successful.	near 100%	near 100%
THE PILL (oral contraceptive)	This is a chemical method in which a pill is taken regularly to prevent an ovum from leaving an ovary.	--It can be obtained free or at low costs from the local health department or Planned	--It requires a doctor's prescription and periodic check-ups.	99.6%	96

5

Module HD-21

BIRTH CONTROL METHODS	EXPLANATION	ADVANTAGES	DISADVANTAGES	EFFECTIVENESS*	
				CORRECT USE	ACTUAL USE
		Parenthood; otherwise, a prescription is necessary and pills must be paid for. --It is easy and convenient. --It makes the female's menstrual periods more regular.	--A few females have side effects (weight gain, nausea, etc.). Known serious problems are possible, but rare. Studies are still being done to determine the effect of long-term use.		
DIAPHRAGM  	This is a mechanical method. A thin, cup-shaped rubber device is inserted into the vagina before intercourse. It is positioned to cover the mouth of the uterus. This keeps the sperm from entering the uterus. A special contraceptive cream or jelly which kills sperm must be used with the diaphragm.	--It cannot be felt by either partner. --There are no side effects. --Insertion can be a routine part of bedtime preparation.	--It may become dislodged. --There must be a doctor's prescription and periodic check-ups for fit. --It must be left in place 6-8 hours following intercourse.	97%	83%

BIRTH CONTROL METHODS	EXPLANATION	ADVANTAGES	DISADVANTAGES	EFFECTIVENESS*	
				CORRECT USE	ACTUAL USE
INTRAUTERINE DEVICE (IUD)  	This is a mechanical method. A device is placed inside the uterus and left there for an indefinite length of time. It creates a condition in the uterus that hinders pregnancy.	--There is nothing to do at the time of intercourse. --There is no daily routine to go through to insure pregnancy prevention.	--It must be inserted by a doctor. --There may be some initial pain. --Many women take a few months to adjust. --A few women will expel the device. --Menstrual flow is usually heavier and some women have spotting between periods.	97-99%	95%
CONDOM (rubbers, safes, prophylactic)  	This is a mechanical method in which the skin-tight sheath is fitted over the erect penis prior to intercourse.	--It is easy to obtain. --It can be carried in a purse or wallet. --It is disposable. --It offers protection against V.D.	--Care is needed to prevent it from slipping off. --It could be old and might break during intercourse unless purchased from	97% When used with spermicides: 99+	90% 95

BIRTH CONTROL METHODS	EXPLANATION	ADVANTAGES	DISADVANTAGES	EFFECTIVENESS*	
				CORRECT USE	ACTUAL USE
			reliable drug counters. --It may interfer with love-making by decreasing sensation. --Some women find it dry and irritating to the vaginal tissues.		
SPERMICIDES (vaginal foams and suppositories)	This is a chemical method. The spermicide is inserted into the vagina before intercourse. It forms a protective coating over the mouth of the uterus. The spermicide kills the sperm. (This method combined with the use of the condom is 99% effective.)	--It is easy to get. --It is easy to insert. --It helps protect from infections passed sexually.	--It must be applied just before intercourse. --It is sometimes messy since it leaks from the vagina. --A few people, both male and female, have allergic reactions.	97%	78%

BIRTH CONTROL METHODS	EXPLANATION	ADVANTAGES	DISADVANTAGES	EFFECTIVENESS*	
				CORRECT USE	ACTUAL USE
RHYTHM (CALENDAR)	This is a natural method. It requires that intercourse be abstained from during the time of the month when a women ovulates. (See Module HD-5, "Menstruation" for information on the period of ovulation.)	--It doesn't cost anything. --It is acceptable to religious groups that prohibit other methods.	--It takes a long time to determine the safe period. --Illness or stress could throw off the menstrual cycle and the time of ovulation. --The couple must cooperate and have intercourse only at safe times of the month. --It requires record keeping.	87%	70%
TEMPERATURE METHOD	This is a natural method. It requires that the female keep a daily record of her temperature. The female body temperature drops slightly at ovulation. Over a period of months a regular pattern is usually shown	--It doesn't cost anything. --It is acceptable to religious groups that prohibit other methods.	--Very accurate records must be kept daily. --The couple must cooperate and have intercourse only at safe times of the month.	87%	lower than correct use %

BIRTH CONTROL METHODS	EXPLANATION	ADVANTAGES	DISADVANTAGES	EFFECTIVENESS*	
				CORRECT USE	ACTUAL USE
	on the records. The couple abstains from intercourse at the indicated time of ovulation. Often the rhythm and temperature methods are used together to serve as a double-check on ovulation.		--The menstrual cycle could be affected by different body conditions.		
OVULATION METHOD	This is a natural method. The female watches for changes in the mucous released by the cervix. When she ovulates, a special type of mucous shows up. She keeps a record of the day that this happens. Over a period of time a pattern is established. The couple abstains from intercourse at the time of ovulation. (The rhythm, temperature, and ovulation methods are used simultaneously by some couples to increase the effectiveness. If there	--It doesn't cost anything. --It is acceptable to religious groups that prohibit other methods.	--Very accurate records must be kept. --The couple must cooperate and have intercourse only at safe times of the month.	75%	lower than correct use %

BIRTH CONTROL METHODS	EXPLANATION	ADVANTAGES	DISADVANTAGES	EFFECTIVENESS*	
				CORRECT USE	ACTUAL USE
	is a sign of ovulation according to any of the three methods, the couple should not have intercourse.)				
WITHDRAWAL	During intercourse, the male withdraws his penis from the vagina just before ejaculation.	--It costs nothing. --No devices are required.	--The male cannot always tell the exact moment he should withdraw. --It is sometimes frustrating to both parties. --Even one drop of semen is loaded with sperm and could cause pregnancy.	84%	77%

*The percentage denotes the average effectiveness of the birth control method based on a survey of persons who actually used the method. This figure indicates that the birth control was not always used correctly. This informaton was obtained from Planned Parenthood.

Student Self-Check

BIRTH CONTROL

Directions: Using a separate sheet of paper, number the paper from 1-10. Match the birth control method with its description by writing the letter of the DESCRIPTION beside the number of the BIRTH CONTROL METHOD. Check your answers against the ones provided on p. 13.

BIRTH CONTROL METHOD

1. IUD
2. Rhythm
3. The Pill
4. Spermicides
5. Diaphragm
6. Tubal ligation
7. Induced abortion
8. Vasectomy
9. Condom
10. Abstinence

DESCRIPTION

A. A thin, cup-shaped device inserted into the vagina

B. The cutting or tying of the fallopian tubes

C. Covers the erect penis

D. Refrain from intercourse

E. Male sterilization in which the vas deferens are cut and tied

F. A device inserted into the uterus for an indefinite time

G. Provides a chemical coating over the mouth of the uterus

H. Expulsion of the embryo from the uterus

I. Oral contraceptive

J. Abstinence from intercourse at time of ovulation

Student Self-Check

ANSWERS
BIRTH CONTROL

1. F
2. J
3. I
4. G
5. A
6. B
7. H
8. E
9. C
10. D

Evaluator's Final Checklist

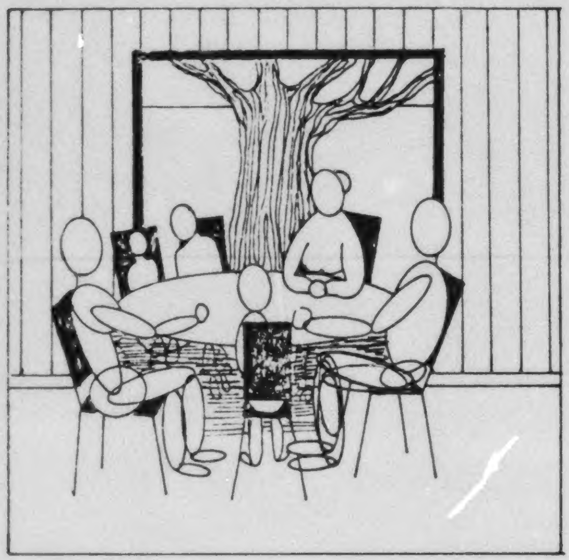
METHODS OF BIRTH CONTROL

Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
The student completed the Check-Out Activity Sheet with 80% accuracy	( )	( )	( )

HUMAN DEVELOPMENT

MAKING MARITAL ADJUSTMENTS



INTRODUCTION

"Living happily ever after" does not realistically describe marriage. There will be good times and there will be bad times during a couple's married life. During the early months and years of marriage, a couple must make adjustments--sexual, relating to in-laws, money, child rearing. In this module you will learn about making marital adjustments.

Before you start to work on this module, be sure you have completed HD-14, "Communicating in Interpersonal Relationships," and HD-15, "Communication--Handling Conflict in Relationships."

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVE

When you finish this module, you will be able to complete a test about making marital adjustments with 80% accuracy.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, MAKING MARITAL ADJUSTMENTS.

LEARNING ACTIVITIES

1. BRAINSTORM, with classmates, reasons for marital conflicts,

   (and/or)________________.

2. READ Student Information, GUIDELINES FOR MAKING MARITAL ADJUSTMENTS, p. 3,

   (and/or)________________.

3. READ Student Information, DOMESTIC VIOLENCE, pp. 3-4,

   (and/or)________________.

4. LISTEN to a panel of resource persons tell about marital adjustments, handling marital conflicts, domestic violence, and when to seek help,

   (and/or)________________.

5. COMPLETE Student Self-Check, MARITAL ADJUSTMENTS, p. 4.

6. WORK with your instructor to plan and carry out a related FHA/HERO activity,

   (and/or)________________.

7. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

Student Information

GUIDELINES FOR MAKING MARITAL ADJUSTMENTS

After a couple marries, there are many adjustments to be made. These adjustments relate to the establishment of a new household with a different person. Such adjustments may include:

--the beginning of an intimate sexual relationship.
--shared finances and budgeting.
--having in-laws.
--family planning and child rearing.
--learning to understand self as well as the other spouse.
--religious differences.

Some couples have relatively few problems adjusting to married life. Others have so many conflicts that separation and divorce seem to be the only way to overcome the difficulties. The following guidelines for making marital adjustments should be carefully read and studied.

--Accept each other's individual differences. Do not try to change the characteristics of the spouse.
--Realize that both partners have to give and take in the marriage. Sometimes one partner has to be willing to go more than halfway in order for adjustments to occur.
--Practice open communication, both verbal and non-verbal. Talk with each other about problems and concerns.
--Practice active listening. Spouses need to listen to each other. The listener gains insight into the understanding of the person talking. The person talking is able to express himself/herself and therefore build self-worth.
--Show appreciation for each other by sincere compliments, praise, and thoughtfulness.
--Learn to laugh with each other.
--Develop realistic expectations for marriage. Do not expect to be happy and loved all of the time. All of life has good and bad times. Sometimes we have to experience some bad times in order to appreciate the good times.

Marriage counselors, clergypersons, and parents can often be very helpful in providing advice for adjusting to married life. However, the adjustments to be made are up to the couple. Their willingness to accept marital responsibilities "for better or for worse" is the key factor.

Student Information

DOMESTIC VIOLENCE

Sometimes, couples do not develop the interpersonal skills necessary to getting along with each other in marriage. In some cases, this lack of adjustment leads to violence.

"Domestic violence" refers to the physical and mental abuse of the wife or husband by the other spouse. It is commonly called spouse abuse. Domestic violence occurs for many reasons. The major reasons include:
--a lack of communication.
--the inability to adjust to marriage and the responsibilities for a spouse and/or children.
--inability to cope with conflict in relationships in a health way.
--a lack of self-control.

The troubled spouse often uses drugs and alcohol to try to cope with personal and domestic problems. This only makes the conflicts worse. The troubled spouse usually ends up abusing the other spouse and sometimes the children of the family. The abused spouse should seek help for the sake of everyone involved--both spouses and the children. But in many situations this is hard to do because of the emotions involved--especially pride.

Help can be received through local and state agencies dealing with domestic problems:

- --marriage counselors
- --social workers with the local Department of Human Resources
- --spouse abuse centers
- --rape crisis centers with telephone hotlines
- --women's crisis centers

These resources provide information and help for dealing with the problems of domestic violence. The centers provide shelter and care for the abused spouse and children until permanent arrangements can be made. Counseling programs and "rap" sessions provide an opportunity for the abused spouse to vent feelings, gather thoughts, and make plans for the future.

Student Self-Check

MARITAL ADJUSTMENTS

Directions: Answer the following questions on a separate sheet of paper. Check your answers against those provided on p. 5.

1. List four marital adjustments that newly married couple may have to make.
2. List five guidelines for making marital adjustments.
3. Define the term "domestic violence."
4. List two major reasons for domestic violence.
5. Name two local or state agencies that provide help for persons having problems with domestic violence.

Student Self-Check

ANSWERS
MARITAL ADJUSTMENTS

1. --The beginning of an intimate sexual relationship
   --Shared finances and budgeting
   --Having in-laws
   --Family planning and child rearing
   --Learning to understand self as well as the other spouse
   --Religious differences

2. --Accept each other's individual differences.
   --Realize that both partners have got to give and take in the marriage.
   --Practice open communication, both verbal and nonverbal.
   --Practice active listening.
   --Show appreciation for each other by sincere compliments, praise, and thoughtfulness.
   --Learn to laugh with each other.
   --Develop realistic expectations for marriage.

3. Domestic violence refers to the physical and mental abuse of the wife or husband by the other spouse.

4. --A lack of communication
   --The inability to adjust to marriage and the responsibilities for a spouse and/or children
   --Inability to cope with conflict in relationships in a healthy way
   --A lack of self-control

5. --Marriage counselors
   --Social workers with the local Department of Human Resources
   --Spouse abuse centers
   --Rape crisis center with telephone hotlines
   --Women's crisis centers

Evaluator's Final Checklist

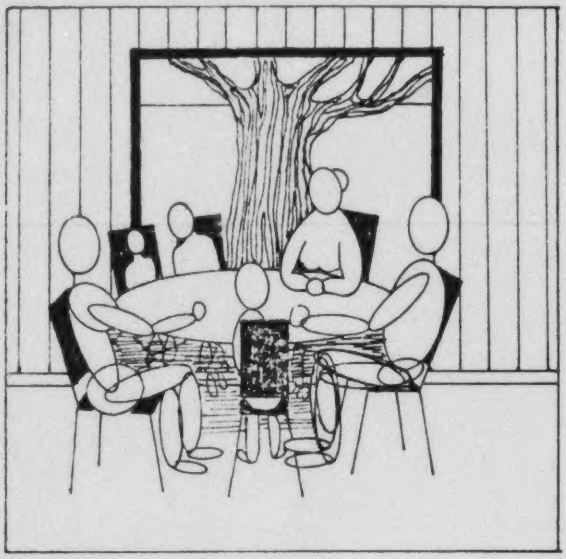
MAKING MARITAL ADJUSTMENTS

Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
The student completed the Check-Out Activity Sheet with 80% accuracy	( )	( )	( )

HUMAN DEVELOPMENT

OBSERVING TRADITIONS IN THE FAMILY



INTRODUCTION

Traditions are a very important part of home life for most families. They are occasions that families look forward to. Special practices, customs, or beliefs that are repeated year after year and from generation to generation become a part of family tradition. In this module you will learn how to assist children in preparing for a holiday or a special family event using traditional practices, beliefs, or customs.

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVE

When you finish this module, you will be able to plan a family celebration and complete a test about family traditions with 80% accuracy.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, OBSERVING TRADITIONS IN THE FAMILY.

LEARNING ACTIVITIES

1. READ Student Information, FAMILY TRADITIONS, p. 3,

   (and/or)_______________.

2. BRAINSTORM various family traditions in a small group. COMPARE present traditions with those of past generations. TRY to determine how and why traditions change,

   (and/or)_______________.

3. COMPLETE Student Self-Check, FAMILY TRADITIONS, p. 4.

4. STUDY references and FIND plans for holidays or special occasions. WRITE down ideas for inexpensive decorations, foods to serve, and games. MAKE a file for the collection. SHARE ideas, patterns for decorations, games, and recipes with classmates,

   (and/or)_______________.

5. PLAN a special holiday or family event in which a child or children will help prepare for it. USE Student Information, STUDENT WORKSHEET FOR PLANNING A TRADITIONAL FAMILY CELEBRATION, p. 4,

   (and/or)_______________.

6. WORK with your instructor to plan and carry out a related FHA/HERO activity,

   (and/or)_______________.

7. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

Student Information

FAMILY TRADITIONS

Family traditions are established customs, practices, and/or beliefs that a family observes and finds a special meaning in. A new family may start its own traditions through the years, or it may take on traditions practiced and passed on from previous generations. Family traditions vary from country to country and family to family. Special traditions usually come about by a family repeating activities they enjoy. A family's traditions may be based on a combination of:

--religious beliefs,
--special family events such as birthdays and anniversaries,
--holidays,
--seasons,
--daily or weekly routines of living together.

Examples of "Everyday" Customs

Everyday customs are sometimes the ones that mean the most to family members as they grow up. Below are some examples of everyday customs a family might observe:

--Attending church, synagogue, or temple.
--Saying "grace" before each meal.
--A special way to answer the telephone.
--A special family night during the week.
--A certain day of the week for a special meal, such as Sunday breakfast or dinner.
--Bedtime stories read by a parent or other family member.
--Special morning, afternoon, or bedtime greetings.
--A certain "wash day" or "clean-up day."

Examples of Seasonal and Holiday Customs

Seasons and holidays play an important part in some families' traditions. The following are examples of these:

--Special activities for cold, snowy winter days, such as popping corn or doing art projects.

--Planting flower bulbs indoors for a special early January or February "spring."

--Seasonal activities, such as berry picking or preserving garden vegetables in the summer or having a hickory nut hunt during the fall.

--A special "spring break" activity, such as a fishing or camping trip.

--Family vacation trips planned for all family members.

--Sports events for one or more family members, such as Little League, etc.

--Routine maintainance of home and yard, such as planting flowers, cutting the lawn on Saturday morning, watering flowers daily, raking leaves in the fall.

--Special celebrations for family birthdays.

--Celebrations for special holidays or religious or cultural events such as:
New Year's Eve and Day
Valentine's Day
President's Day
St. Patrick's Day
Easter
Mother's Day
Father's Day
Fourth of July
Memorial Day
Labor Day
Halloween
Thanksgiving
Chanukah
Christmas
Passover Observance
Seder

Importance of Family Traditions

Whatever the family tradition, the family can derive many benefits from shared activities. Family traditions:

--Provide a family with opportunities to do things together.

--Provide a family with something to depend on and look forward to.

--Help each family member feel a "part" of the family.

--Help each family member know what kinds of activities the family really enjoys.

--Provide an opportunity for the extended family to get together.

--Provide an opportunity for each family member to be creative.

--Provide pleasant memories.

--Help a family work toward a common goal which strengthens the family.

Family traditions may be planned to involve home decorations, costumes, parties, folklore and history, and/or special foods or menus. Traditions may be simple or elaborate, original or historic. The important thing is that families have a bond and closeness that ties them together as a special unit. Children should be encouraged to help prepare for and carry out family traditions. This encourages a sense of belonging; increases knowledge of customs, beliefs, and culture; and provides wholesome entertainment.

Student Self-Check

FAMILY TRADITIONS

Direction: Answer the following questions on a separate sheet of paper. Check your answers against those provided on p. 6.

1. Define the word "tradition."
2. List four reasons that family traditions are important.
3. List five specific things that a family's traditions may be based on.

Student Information

STUDENT WORKSHEET FOR PLANNING A TRADITIONAL FAMILY CELEBRATION

Directions: Obtain a copy of this worksheet from your instructor and an actual or case situation to plan for. Plan a family celebration in which a child or children will help to prepare for it. To do this, supply the information for each point listed below. Have your instructor check your plan when you have completed it.

1. Family celebration:
2. Theme for the event:
3. Location:
4. Time:
5. Number of persons to attend:
6. Age of persons to attend:
7. Games:
8. Music or records:
9. Foods and refreshments:
10. Customs and traditions:
11. Decorations:
12. Materials and equipment needed for making the decorations:
13. Amount of money needed:

234

14. Schedule of responsibilities: Make a list of responsibilities (tasks) for the family celebration. Place a check (✔) in the columns to the right under the name of the person responsible for getting the task done.

Responsibilities	Adult:	Child:	Child:
1.			
2.			
3.			

Student Self-Check

ANSWERS
FAMILY TRADITIONS

1. A tradition is an established custom, practice, or belief that a family observes and finds a special meaning in.

2. --Provide a family with opportunities to do things together.

   --Provide a family with something to depend on and look forward to.

   --Help each family member feel a "part" of the family.

   --Help each family member know what kinds of activities the family really enjoys.

   --Provide an opportunity for the extended family to get together.

   --Provide an opportunity for each family member to be creative.

   --Provide pleasant memories.

   --Help a family work toward a common goal which strengthens the family.

3. --Religious beliefs
   --Special family events
   --Holidays
   --Seasons
   --Daily or weekly routines

230

Evaluator's Final Checklist

OBSERVING TRADITIONS IN THE FAMILY

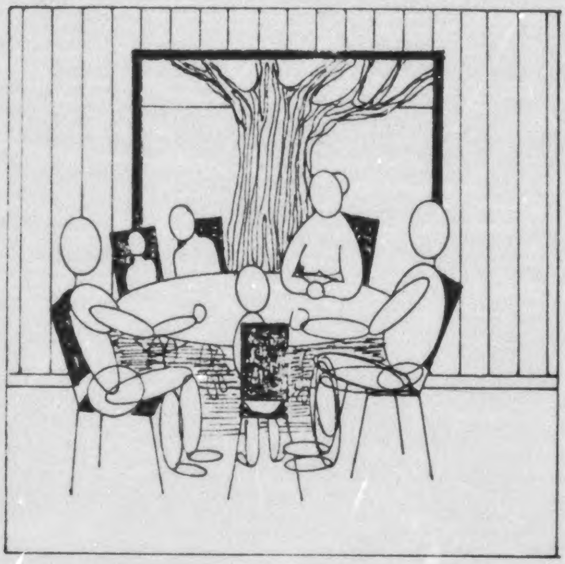
Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
(1) The student completed the Check-Out Activity Sheet with 80% accuracy	( )	( )	( )
(2) In assisting a child or children in preparing for a family celebration, the student:			
a. Gave the child or children specific responsibilities	( )	( )	( )
b. Gathered the materials and equipment together	( )	( )	( )
c. Helped the child or children perform the assigned responsibilities	( )	( )	( )

Module HD-24

HUMAN DEVELOPMENT

PLANNING ENRICHMENT ACTIVITIES FOR THE FAMILY



INTRODUCTION

Planning enrichment activities for the family can be a rewarding and happy experience. Holding family meetings allows each member to participate in the planning and decision-making process. Taking part in such meetings helps each family member feel an important part of the family unit. Home life can become stronger and more unified when all family members plan and work together in purposeful and enjoyable activities. In this module you will learn how to plan for enrichment activities for the family.

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVE

When you finish this module, you will be able to plan an enrichment activity for a family.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, PLANNING ENRICHMENT ACTIVITIES FOR THE FAMILY.

LEARNING ACTIVITIES

1. READ Student Information, HOLDING A FAMILY MEETING, pp. 3-4,

   (and/or)_______________.

2. READ Student Information, PLANNING ENRICHMENT ACTIVITIES FOR THE FAMILY, pp. 4-7. BRAINSTORM with classmates activities that could involve the entire family,

   (and/or)_______________.

3. READ Student Information, PLANNING A VACATION, p. 7,

   (and/or)_______________.

4. COMPLETE Student Self-Check, ACTIVITIES FOR THE FAMILY, pp. 7-8.

5. READ Student Information, SELECTING MEDIA FOR THE FAMILY, pp. 8-9,

   (and/or)_______________.

6. LISTEN to the community librarian tell about the services provided by the library,

   (and/or)_______________.

7. CRITIQUE (evaluate) two television programs that come on during prime time. USE Student Information, STANDARDS FOR JUDGING TELEVISION PROGRAMS (AND OTHER MEDIA) FOR CHILDREN, pp. 9-11. REPORT your critique to the class,

   (and/or)_______________.

8. WORK with your instructor to plan and carry out a related FHA/HERO activity,

   (and/or)_______________.

9. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

Student Information

HOLDING A FAMILY MEETING

Holding a family meeting or forming a family council helps to promote democracy in the home. Problem solving becomes an easier task because it is shared with all of the family members. Family members can learn to understand different points of view by sharing them at a family meeting. Holding family meetings can also help family members in the following ways:

- --Children have a sense of importance because they have a voice in family matters.
- --Children will learn to solve problems on their own.
- --Parents don't always have to be the "bad guys" because all family members help make the decisions.
- --Children can learn responsibility.
- --Children begin to learn how to be a part of an organized meeting.
- --Closer family ties may be developed.

Ground Rules for Family Meetings

Family meetings may be of the formal kind where the time and place are decided ahead of time and the council has a formal list of items to discuss. More often, however, family meetings are more informal. They tend to "happen." Even more care has to be given to this type meeting. Decisions should not be made without all members present and courtesy rules should always be followed.

Some families begin holding family meetings when their children are very young. Others may wait until their children are of school age. Whichever is the case, there are a few points to consider about holding a family meeting:

- --Who's in charge? Some families feel that the father or mother, the heads of the household, should be the leader. When family meetings are first begun in a family, this may be best. Children need to have an example to follow. They must learn the steps to follow in organizing and running the meeting. As the children learn how to do this, the parents may want them to be the leaders for some of the meetings. Some families set up rules about the age at which a family member is old enough to be the leader.
- --When and how often to meet? A family may set aside a family meeting night each week. Other families may meet only when there is a need.
- --What is the order of business? Depending upon the family, a meeting could be held for family unity and enjoyment as well as family business. Some families combine the two. Family finances could be discussed. This is also a good time to give praise and compliments. It is also a good time to share good and happy things. Because parliamentary procedure is basic to most organizational meetings, it is good to start teaching it in the family meetings. Minutes could be kept of the meeting.

As for deciding what to discuss first at the meeting, the family could have a sign-up sheet. A paper could be posted on the refrigerator or a bulletin board for family members to write down problems or matters to be discussed. Before a meeting, the leader could read over the problems and decide on an agenda for the meeting.

When presenting each item on the agenda, the following steps in decision-making should be followed:

1. Describe the situation.

2. Brainstorm possible solutions or course of action.

3. Discuss each suggested solution and then choose the best one.

4. Determine what actions are necessary to follow through on the decision.

5. Evaluate the results.

(Step #5 will be done in a later meeting once the decision has been followed through.)

Family meetings can solve many family problems and disagreements. Each family member must understand that sometimes individual opinions may not be the same as the majority of the family. When this happens, that person must learn to accept the majority rule. This may be hard for young children to understand. Parents should try to explain how majority rule works. Decisions made in the family meeting should be followed through as the group decides. It may be best to play down one member's unhappiness about a decision. Try to help the person realize that the next decision may be more to his/her liking. Explain that every family member is equally important. It should be understood that in family decisions, the parents should have the power of veto (the right to overrule).

Student Information

PLANNING ENRICHMENT ACTIVITIES FOR THE FAMILY

Planning enrichment activities is one of the most important things families can do. "Enrich" means to add quality, beauty or value to something. Enriching activities make life happier and fuller. Family enrichment activities can help a family be happier together. Each family member can help plan these activities.

Enrichment covers a wide variety of activities such as an interest in:

--the Outdoors and Nature
--Mechanics
--Science
--Art
--Literary Activities
--Music
--Social service

Some activities can be shared by the entire family. Others may be enjoyed alone or with one other person. Activities may involve learning new tasks and skills relating to the work around the home. Other activities may relate to intellectual, physical, cultural, or social development. The following categories will give you an idea of enrichment activities that you could plan for the family or family members.

Working with the Family

Maintaining the home and caring for family members can be shared by all family members. It can be fun to work together for a common goal and for common good.

Each family member comes to realize he/she is an important part of the family. This type of activity is enriching because it can build character and teach responsibility and commitment. It also helps each person realize personal strengths and weaknesses. Such activities could include:

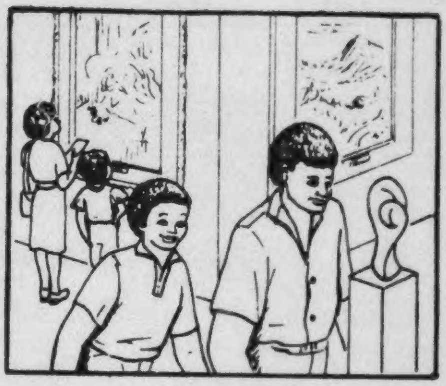
--household cleaning duties
--yard work and gardening
--food preservation
--grocery shopping
--caring for family members
--preparing meals
--home and property improvements

Intellectual and Cultural Activities

Many families enjoy activities that stimulate the mind and an understanding of ours and other cultures as well. Enriching activities could include the following:

--reading books and magazines
--visiting museums or historical places
--visiting art galleries
--going to concerts and/or musical programs
--watching educational television programs
--browsing in antique shops
--studying about insects, birds, plants, etc., seen on a nature walk
--attending religious functions
--attending special lectures
--playing a muscial instrument
--creative writing
--dramatics
--going to fairs
--hobbies
--crafts

Every family should look around the community for opportunities for intellectual and cultural growth.



Physical Activities

Community parks and playgrounds can provide many opportunities for physical growth and development. Families can participate in sports as a family. Or, in many cases they become spectators for one family member involved in a sport. Physical activities include:

--organized games such as softball, baseball, hockey, basketball, soccer, football
--hiking
--camping
--horseback riding
--swimming
--boating
--fishing
--hunting
--table tennis
--volleyball
--badminton
--gymnastics
--jogging
--bicycling

Social Activities

Many of the activities already mentioned are social in nature because they involve interaction with people. Another type of social activity is belonging to clubs or organizations.

Group involvement, such as being a part of a club or organization, is important for each family member's development. This type of activity fosters the development of character, leadership, service, and citizenship. Some clubs are social, religious, cultural, or service oriented. Others are a basis for training for special skills.
Clubs and organizations tend to be aimed at age groups. However, parents are often involved in their children's club activities as leaders or sponsors.

Club and organizations for youth include:

--Boy Scouts
--Girl Scouts
--4H
--Rainbow
--Demolay
--church clubs
--band
--pep clubs
--honors' clubs
--language clubs
--other school related clubs

Adults, and sometimes their children, are often involved in civic and service organizations such as the following:

--Rotary Club
--Lions Club
--Kiwanis Club
--Jaycees

These social activities offer enrichment in the lives of families. Family members learn to give of themselves through cooperation, leadership, and service to others.

Planning enrichment activities doesn't just happen. Activities may be ongoing or they may be spur-of-the-moment. Whichever the case, several points should be considered:

1. What are the interests of family members?
2. What types of activities do family members enjoy?
3. What activities can involve the whole family?
4. What benefits can a family member receive from participating in the activity?
5. What are the costs of the activities (if any)?

6. How much time is involved? And, is the activity worth the time spent on it?

7. How much planning and organization is necessary before the activity?

8. Will the activity involve special equipment and clothing?

Keeping these points (and others that you can think of) in mind, you are ready to plan an enrichment activity for your family. As you plan, talk to family members about their likes and dislikes. Work together to plan enrichment activities.

Student Information

PLANNING A VACATION

A vacation is a period of time allotted for rest from the regular work routine. It may be spent at home or on a short trip. Or, it may be several weeks spent in a different town, state, or country. When vacations include the whole family, much planning and preparation must be made so that the time and money are well spent.

To start planning the vacation, family members should hold a family meeting. During the meeting they could do some brainstorming about the possibilities for a holiday vacation, a long weekend, or a vacation trip. Some possibilities might include the following:

--sightseeing vacations
--vacations that provide new interests and knowledge such as deep sea fishing in Florida
--vacations that help others such as being a missionary worker in a foreign country
--vacations that lead to career selection
--vacations at home
--camping vacations

Families must be realistic about the type of vacation they should take. The following points should be kept in mind:

--What are the family interests?
--What amount of money has been budgeted for the vacation? Will family members need to work and save to add more?
--How will they travel?
--Will reservations for lodging, meals, or special events need to be made in advance?
--Will family members need any new or special clothing or equipment?
--Were each family member's needs considered?

Traveling with Children

Special attention needs to be given to the baby traveler. To avoid car sickness, the car seat should be situated up high enough to allow the baby to see objects at a distance. Looking at close objects whizzing by causes car sickness. For traveling and the vacation, the following items offer ease and rest to the parent (and the baby):

--stroller
--disposable items such as diapers, bottle liners, tissues, towels
--dry or ready-to-mix formulas, if baby is adjusted to it
--sterile water
--toys
--toilet seat or potty chair

For older children, the biggest challenge is to head off boredom while traveling. Small children enjoy coloring books, work games, singing, and new gadgets and toys. Frequent stops to stretch legs, a short sightseeing tour, or a restroom stop will make the trip easier for children.

Student Self-Check

ACTIVITIES FOR THE FAMILY

Directions: Number a sheet of paper from 1 to 5. Answer the following questions by placing the letter(s) of the correct answer(s) beside the numbers.

Check your answers against those provided on p. 12.

1. Holding a family meeting helps
   a. promote democracy in the home.
   b. make problem solving easier.
   c. make the parents assume all of the responsibilities for decisions.
   d. family members to learn to give and take.
   e. all of the above.

2. When deciding who is to be in charge of family meetings, some families
   a. have the father or mother to be in charge of the meeting.
   b. have one of the children to be in charge of some of the meetings.
   c. set up rules about the age at which a family member is old enough to be a leader.
   d. all of the above.
   e. none of the above.

3. When young children do not understand or are mad about family group decisions, the parent should
   a. down play their unhappiness about the decision.
   b. explain that the majority rules.
   c. let the child or children change the decision.
   d. all of the above.
   e. none of the above.

4. Enrichment activities include
   a. activities for learning new skills.
   b. intellectual, physical, cultural, and social development activities.
   c. working around the home with the family.
   d. all of the above.
   e. none of the above.

5. Planning a vacation realistically includes
   a. considering family likes and dislikes.
   b. setting aside a definite amount of money to spend.
   c. making preparations and reservations ahead of time.
   d. considering the vacations that friends of the family have or are taking to maintain social status.
   e. all of the above.

Student Information

SELECTING MEDIA FOR THE FAMILY

Children learn a great deal from the media that comes into their homes. "Media" means types of communication such as radio, television, movies, magazines, tapes and records, newspapers or any means of communication. Parents should learn about the different media. They should make decisions about which media are enriching and which are not. Selecting media to come into the home includes the selection of television and radio programs, music and reading materials. The following points should be considered when parents are selecting or helping children to select media:

--family members' interests
--the media available
--the quality of the media
--the cost of the media
--the benefits of the media
--limitations of the media

Selecting Television Programs

There is no one group or agency which supervises children's television programming. The broadcasters alone make decisions about what programs they will produce. Therefore, some children's programs are better than others. Since television programs change so often, it is wise to check the local newspaper or a TV guide for what is to be on at particular times. Public television often publishes its own guide.

Statistics show that children spend more time watching television than any other single activity except sleeping. What they watch on television is important. Parents use different methods to regulate how much children watch television and what they watch.

- --No television at all for the young child.
- --Limited number of hours: one to two hours on school days; more hours allowed on weekends.
- --No viewing until homework is completed.
- --No commercial television programs; only public (educational) programs.
- --Select programs in advance and permit only these programs to be viewed.

Some parents find it helpful to discuss TV viewing with children and decide on rules they can accept. Parents can also:

- --Observe the child's reactions to what is happening on the screen.
- --Discuss what the child is watching to see how he/she feels about the program.
- --Limit or not allow any viewing of programs that frighten or confuse the child or causes overly aggressive behavior.
- --Encourage older children to be aware of what is happening on the screen and help them develop good judgment about which programs are good to view.
- --As a family, talk about various issues and topics brought out by television programs. Children and adults can learn each other's views about the issues.
- --Be aware of your importance as a model in expressing opinions about television. Children are much influenced by the reactions of others viewing with them.

Selecting Reading Materials

Reading can help a child in many, many ways as well as being a source of enjoyment. Children read a wide range of materials if given the opportunity. Books that are popular include:

- --historical stories
- --stories of mystery and suspense
- --animal stories
- --humorous tales
- --science books
- --books in a series such as Hardy Boys, Nancy Drew, Star Wars, and The Hobbit

In selecting books for family members the following questions may be considered:

- --Does the reading materials help the child to grow both intellectually and emotionally?

- --Does the book or magazine encourage moral development?

Local and school libraries are an excellent resource for supplying different kinds of good books at no cost. Some libraries offer summer reading programs and regular story hours for children.

Some families encourage members to read by offering gift subscriptions to magazines and by enrolling them in book clubs or literary guilds.

Student Information

STANDARDS FOR JUDGING TELEVISION PROGRAMS (AND OTHER MEDIA) FOR CHILDREN

Directions: Use the standards provided on the following page to critique a television program (or other media).

STANDARD	DESIRABLE IF:	UNDESIRABLE IF:
1. The program appeals to the audience for whom intended.	It gives information and/or entertainment related to situations or interests of the target audience.	It is dull, boring, or is not related to the viewer's experience or interests.
2. The program meets the audience's needs for entertainment and action.	It offers wholesome adventure, humor, fantasy, or suspense.	It is emotionally disturbing and overstimulating because of upsetting details of torture, terror, punishment, or death.
3. The program adds to understanding and appreciation of self, others, and the world.	It is sincere, constructive, informative, and encourages decent human relations. It is fair to races, nations, and religions.	It offers one-sided propaganda, causes prejudice, or plays on the viewers' emotions and lack of knowledge.
4. The program encourages worthwhile ideals, values, and beliefs.	It upholds acceptable standards of behavior and promotes democratic and spiritual values, respect for the law, decency, and service.	It glamorizes crime, indecency, intolerance, greed, and cruelty.
5. The program stimulates constructive activities.	It promotes interests, skills, hobbies, and the ambition to learn more or to do something creative and constructive.	It details theft, robbery, and other crimes.
6. The program has artistic qualities.	It demonstrates a skillful production--music, script, acting, direction, art work, set, sound effects, photography.	It is poorly done, is confusing, hard to follow, too fast or too slow in action, too loud or too low in sound.
7. The language used in the program is suitable for the viewer.	It uses language that is suited to the subject matter and the person's level of maturity.	It uses a vocabulary that is too hard or too easy. It uses obscene language.

STANDARD	DESIRABLE IF:	UNDESIRABLE IF:
8. The overall effect of the program on the viewer is desirable.	It has a positive effect by giving a larger understanding of the world. It helps the person to be happy, more informed, more useful, more responsible, or more interesting.	It has a negative effect or no effect, is discouraging, or causes a person to be afraid, to be more dependent, or insecure.
9. The commercials shown during the program should have the same standard as the programs.	They were presented with courtesy and good taste. They were reasonably brief.	They were too loud. They occurred too frequently. Or they were of poor taste in content.

Student Self-Check

ANSWERS
ACTIVITIES FOR THE FAMILY

1. a, b, d

2. d

3. a, b

4. d

5. a, b, c

Evaluator's Final Checklist

PLANNING ENRICHMENT ACTIVITIES FOR THE FAMILY

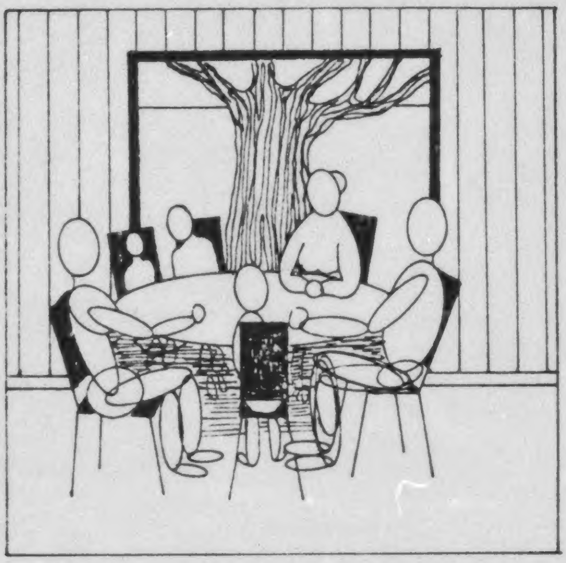
Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

When planning an enrichment activity for family members, the student:

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
a. Held a family meeting	( )	( )	( )
b. Planned an activity with consideration of age, interests, benefits, safety, length of time, and financial means	( )	( )	( )
c. Included a list of tasks, specific assignments, and a time for getting the tasks accomplished	( )	( )	( )
d. Included a list of supplies, materials, and equipment needed	( )	( )	( )

HUMAN DEVELOPMENT

PROBLEMS WITH DRUGS AND ALCOHOL



INTRODUCTION

The abuse of drugs and alcohol is a major problem for today's society. Some people use drugs and alcohol as a social tool--to be accepted by their peers or the so-called "in crowd." Others use drugs and alcohol to escape their problems. It doesn't take long for a person to become dependent on drugs and alcohol. Many lives are ruined or ended every day as a result of alcohol and drug abuse. In this module, you will learn about drugs and alcohol, their effects on the body and how to deal with the problems they cause.

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVE

When you finish this module, you will be able to complete a test about the problems with drugs and alcohol with 80% accuracy.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, PROBLEMS WITH DRUGS AND ALCOHOL.

LEARNING ACTIVITIES

1. RESEARCH the questions on Student Information, OPERATION AWARENESS, pp. 3-4, in a reference provided by your instructor,

   (and/or)_______________.

2. VIEW the filmstrip(s), provided by your instructor, about the use and abuse of drugs and alcohol,

   (and/or)________________.

3. LISTEN to resource persons tell about (1) health problems caused by drug and alcohol abuse, (2) legal problems connected with the use of drugs and alcohol, and (3) social and emotional problems resulting from drug and alcohol abuse,

   (and/or)________________.

4. DISCUSS the information in Student Information, HOW TO PREVENT AND TREAT DRUG ABUSE, pp. 5-6, with classmates,

   (and/or)________________.

5. CHECK YOUR KNOWLEDGE by completing Student Self-Check, DRUGS AND ALCOHOL, pp. 6-7.

6. WORK with your instructor to plan and carry out a related FHA/HERO activity,

   (and/or)________________.

7. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

Student Information

OPERATION AWARENESS

Directions: Research the following questions using the reference suggested by your instructor. Write your answers on a separate sheet of paper. Check your answers against those provided by your instructor.

1. Define the term "drug."
2. Find the difference in the terms "drug use," "drug misuse," and "drug abuse" as described by the United States government.
3. There are two types of drug addiction: physical and mental. Describe each.
4. List common symptoms of withdrawal from a physically addictive drug.
5. List common discomforts felt by a person who stops using a mentally addiction drug.
6. List the dangers of smoking.
7. List common withdrawal symptoms of a person who quits smoking.
8. How does alcohol affect the body?
9. Make and complete a chart like the one following:

KINDS OF DRUGS		
Drugs	Effects on Body	Dangers Associated With Their Use
NICOTINE		
ALCOHOL		
DEPRESSANTS		

Drugs	Effects on Body	Dangers Associated With Their Use
STIMULANTS		
NARCOTICS		
HALLUCINOGENS		
MARIJUANA		

10. List some of the reasons people use drugs.

Student Information

HOW TO PREVENT AND TREAT DRUG ABUSE

The best treatment of drug abuse is prevention. And the best time to start prevention is with young children.

Ways to Help Prevent Drug Abuse

1. Teach young children the proper use of drugs.
2. Set a good example for children and young people.
3. Provide an environment of love and understanding.
4. Encourage physical and intellectual activities that focus on the health and well-being of the body and the mind.
5. Accept people for who they are. Help them feel important so they won't need a drug to make them feel important and accepted.
6. Know about the growth and development of children. Be understanding of the social, emotional, and physical problems that are typical of each age.
7. Discipline with love. Be fair and consistent. Promote trust and security. Do not expect children to behave perfectly. A home with too much or too little discipline is one from which a young person may wish to escape through drugs.
8. Promote good citizenship.

Recognizing Symptoms and Signs of Drug Use

Behavioral changes occur in people due to normal growth and development througnout life. Changes in behavior also happen because of drug usage. Sometimes it is hard to determine whether unusual behavior is from a natural cause or from drug usage. For example, drugs usually decrease sexual response. As you read the symptoms of drug abuse, keep in mind that no one symptom is necessarily an indication of abuse. Remember that symptoms are not proof of abuse. Other situations may cause the same symptoms that drug abuse causes. Proof of drug abuse should be based on fact. Study the following effects of drug usage.

1. Nicotine causes:

   --Faster than normal heartbeat.
   --Elevated blood pressure.
   --Nagging cough.
   --Shortness of breath.
   --Bad breath.

2. Alcohol causes:

   --Stimulation in early stages.
   --Physical depression in later stages.
   --Personality changes.
   --Bad breath.
   --Intoxication and staggering.

3. Depressants (barbituates, tranquilizers, "downers") cause:

   --Symptoms of alcohol intoxication with one important exception: no odor of alcohol on the breath.
   --Staggering and stumbling.
   --Unexpected falling asleep.
   --Drowsiness.
   --Dazed state of mind.
   --A lack of interest in school and family activities.

4. Stimulants (amphetamines, cocaine, "speed," "bennies," "uppers") causes:

   --Dialated pupils.
   --Dry membranes of the mouth and nose.
   --Bad breath.
   --Frequent licking of lips.
   --Long periods without sleeping and eating which may cause malnutrition.
   --Irritablility, argumentativeness, nervousness.
   --Difficulty in sitting still.
   --Exhaustion.
   --Depression.
   --Hallucinations.

5. Narcotic substances (heroine, morphine) cause:
   - --Drowsiness.
   - --Constricted eye pupils.
   - --Redness and rawness of the nostrils (if drug is inhaled).
   - --Scars located on the inner surface of the arms and elbows (if drug is injected).
   - --The narcotic abuser often leaves syringes, bent spoons, eye droppers, cotton and needles in lockers at school or hidden at home.

6. Marijuana use causes:
   - --Animated appearance with rapid, loud talking and bursts of laughter in the early stages of intoxication.
   - --Sleepiness or stupor in the late stages.
   - --Dialated pupils.
   - --The marijuana user sometimes has burnt rope odor on clothing or breath.
   - --Remnants of marijuana, either loose or in partially smoked "joints," in clothing or possessions.

7. Hallucinogen (LSD, STP, DMT, THC) causes:
   - --Dream or trance-like state.
   - --Fear and terror which makes the user attempt to escape.
   - --Distorted sense of sight, hearing, touch, body-image, and time.
   - --Changes in mood and behavior.
   - --Unexpected flashbacks of drug's effect without further use of the drug.

8. Giue sniffing (or other vapor-producing solvents) causes:
   - --Odor of the substance on breath and clothes.
   - --Excess nasal secretions.
   - --Watery eyes.
   - --Poor muscular control.
   - --Drowsiness or unconsciousness.
   - --Increased preference for being with a group rather than being alone.
   - --The glue sniffer may store plastic or paper bags or rags containing dry plastic cement or other solvent at home or in locker at school or work.

What to do When Drug Abuse is Suspected

1. Do not panic.

2. Seek professional help such as that from a doctor, counselor or law enforcement official.

3. Keep the lines of communication open with the user.

4. Maintain a sense of trust. Many people who experiment with drugs do not continue to use them.

5. Avoid stereotyping. Some persons think all adolescents use drugs when they hear of a few cases of drug abuse.

6. Avoid scare or threat tactics. Give honest and accurate facts about drug abuse.

Student Self-Check

DRUGS AND ALCOHOL

Directions: Answer the following questions on a separate sheet of paper. Check your answers against those provided on p. 8.

1. Define the following terms:
   - a. Drug use
   - b. Drug misuse
   - c. Drug abuse

2. List three common symptoms of physical addiction withdrawal.
3. List two common discomforts felt by a person who stops using a mentally addictive drug.
4. The best treatment of the drug abuse problems is _____.
5. List four ways to help prevent drug abuse.

Student Self-Check

ANSWERS
DRUGS AND ALCOHOL

1. a. Drug use is "taking a drug for its intended purpose, in the appropriate amount, frequency, strength, and manner."

   b. Drug misuse is "taking a substance for its intended purpose, but not in the appropriate amount, frequency, strength, and manner."

   c. Drug abuse is "deliberately taking a substance for other than its intended purpose, and in a manner than can result in damage to the person's health or ability to function."

2. --dizziness
   --nausea
   --headaches
   --sweating
   --shaking
   --cramps

3. --nervousness
   --irritability
   --mental distress

4. Prevention

5. --Teach young children the proper use of drugs.

   --Set a good example for children and young people.

   --Provide an environment of love and understanding.

   --Encourage physical and intellectual activities that focus on the health and well-being of the body and the mind.

   --Accept people for who they are. Help them feel important so they won't need a drug to make them feel important and accepted.

   --Know about the growth and development of children. Be understanding of the social, emotional, and physical problems that are typical of each age.

   --Discipline with love. Be fair and consistent. Promote trust and security. Do not expect children to behave perfectly. A home with too much or too little discipline is one from which a young person may wish to escape through drugs.

   --Promote good citizenship.

Evaluator's Final Checklist

PROBLEMS WITH DRUGS AND ALCOHOL

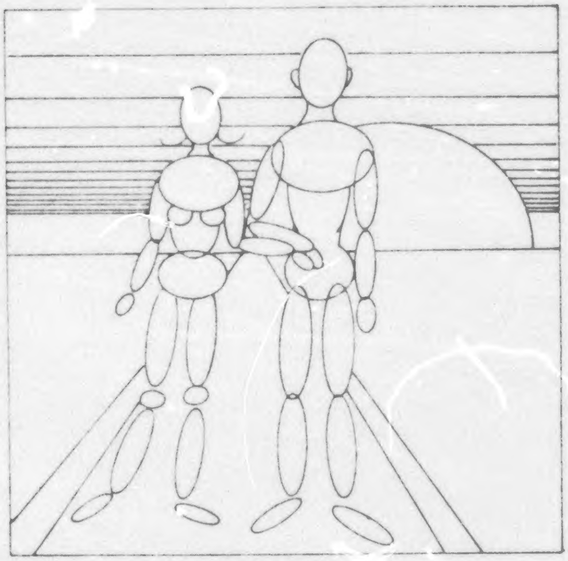
Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
The student completed the Check-Out Activity Sheet with 80% accuracy	( )	( )	( )

Module HD-26

HUMAN DEVELOPMENT

CONTINUING CHANGES IN THE HUMAN REPRODUCTIVE SYSTEMS



INTRODUCTION

A great many changes take place in the human reproductive system during puberty. Changes will continue to occur as the body progresses from puberty to old age. In this module you will learn about continuing changes as you study female pelvic examinations, breast examinations, female menopause, and male climacteric.

If you need to review the human reproductive system, study HD-5, "The Parts and Functions of the Human Reproductive Systems."

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVE

When you finish this module, you will be able to complete a test on continuing changes in the human reproductive systems with 80% accuracy.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, CONTINUING CHANGES IN THE HUMAN REPRODUCTIVE SYSTEMS.

LEARNING ACTIVITIES

1. READ Student Information, MEDICAL CHECKS OF THE FEMALE REPRODUCTIVE SYSTEM, pp. 3-6,

   (and/or) _______________.

2. COMPLETE Student Self-Check, MEDICAL CHECKS OF THE FEMALE REPRODUCTIVE SYSTEM, p. 6.

3. READ Student Information, CHANGES IN LATER LIFE, pp. 6-7,

   (and/or)_______________.

4. COMPLETE Student Self-Check, CHANGES IN LATER LIFE, p. 8.

5. WORK with your instructor to plan and carry out a related FHA/HERO activity,

   (and/or)_______________.

6. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

Student Information

MEDICAL CHECKS OF THE FEMALE REPRODUCTIVE SYSTEM

Like any part of the body, the reproductive system may have disorders as the body ages. In order to determine the condition of the system, medical checkups are occasionally necessary. There are basically two examinations that are recommended for the female: pelvic examinations and breast examinations.

Pelvic Examination

After a young woman is sexually mature, a pelvic examination is occasionally necessary. The time suggested for a woman's first examination depends on the situation. Many women have their first pelvic exam as a part of a premarital examination. Some doctors recommend an exam at an earlier date if there are related physical problems or if a female is sexually active.

The exam usually does not hurt but females often feel embarrassed and tense because they don't know what to expect. This causes the muscles in the vaginal area to tighten. Many doctors will recommend deep breathing to encourage muscle relaxation.

A family doctor or trained specialist can perform a pelvic examination. A person who specializes in the care of the female reproductive system is called a gynecologist. Most medical offices have examining tables made especially for this purpose. The table has special supports called stirrups, which hold the legs apart. The person who examines inserts a small, lubricated instrument called a speculum into the vagina. This makes the walls of the vagina and the neck of the uterus easy to see. The instrument used does not destroy the hymen if the female is a virgin.

The doctor can gently push on the outside of the body to find out whether the other internal reproductive organs are in the normal position and of normal size. During the examination, the doctor will use a cotton swab to wipe a few cells from around the cervix (neck of the vagina). The cells will be examined to determine if cancer cells are present. This is known as a Pap smear.

Pelvic examinations are performed every one to three years depending on the patient and the philosophy of the doctor. Through these examinations the doctor can determine whether the changes in the woman's reproductive system are normal or abnormal.

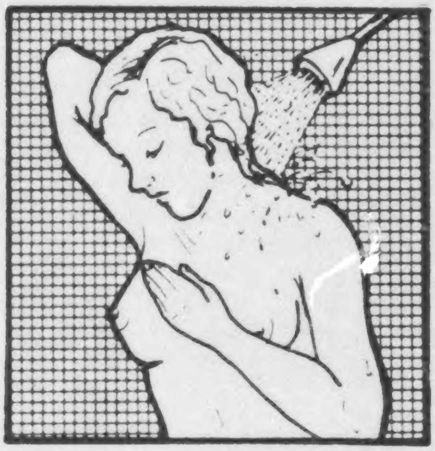
Breast Examination

Breast cancer is the most common form of cancer among American women. Over 100,000 cases are diagnosed yearly. Over two-thirds of these cases are in women over fifty years old; however, breast cancer does occur in younger women.

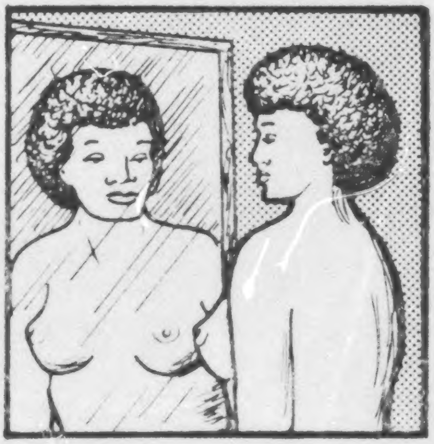
Like many other kinds of cancer, the cause is unknown and there is no preventive measure. If discovered early, breast cancer can usually be treated and cured. All women should examine their own breasts monthly. If anything unusual, such as a lump, discharge, puckering, or dimpling, is discovered, a woman should consult her physician at once. Eight out of ten lumps found are not cancerous, but this can be determined only by a doctor. Most doctors also examine the breasts when a pelvic exam is done.

The following are steps to follow in a breast self-examination. This exam is best performed at the end of the menstrual period when the breasts are the least likely to be tender and swollen.

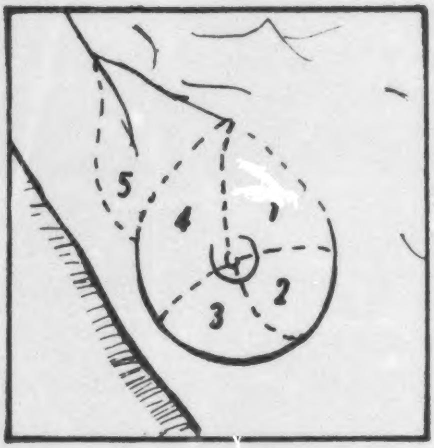
Step 1: With your fingers flat, touch every part of each breast, and feel gently for a lump, hard knot, or thickening. This step should be done in a bath or shower because your fingers will glide smoothly over the whole area when your skin is wet and slippery. Use your right hand to examine your left breast and your left hand for the right breast.



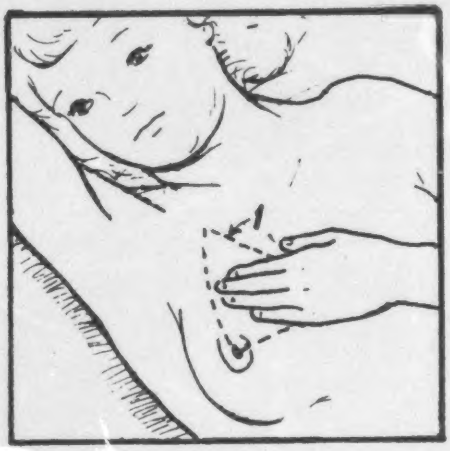
Step 2: Examine the breasts regularly for lumps. First stand before a mirror with the arms by your sides, undressed to the waist. Look for irregularities in the outline of the breasts. Also look for puckering or dimpling of the skin. Then check nipples for discharge or bleeding.



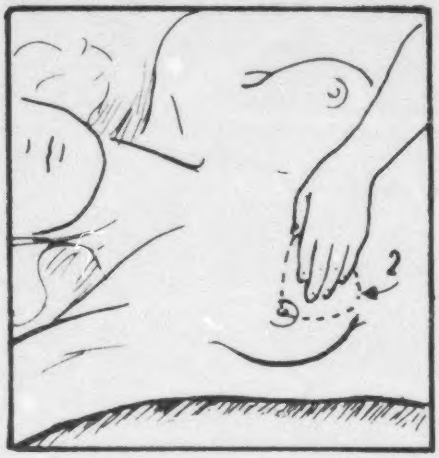
Step 3: The next part of the examination is performed on five separate areas, one at a time: each quarter of the breast and the armpit.



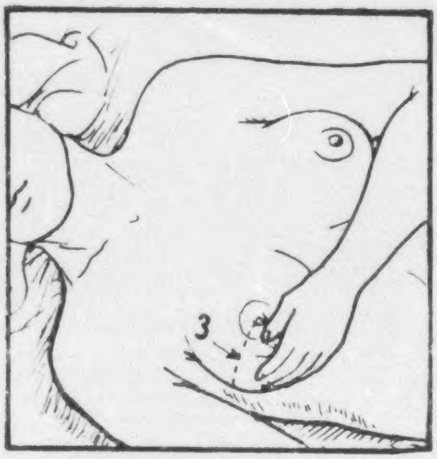
For area 1, lie on a bed with a folded towel under the right shoulder and the right arm behind the head. With fingers flat, feel upper, inner quarter of right breast.



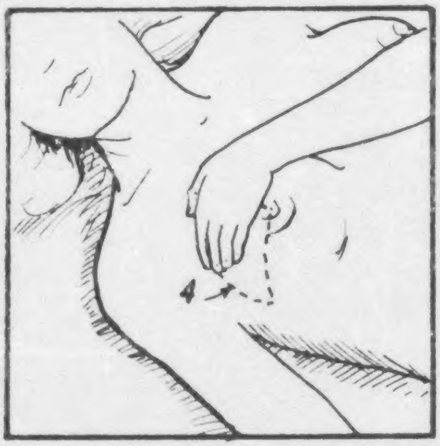
For area 2, repeat on the lower, inner quarter.



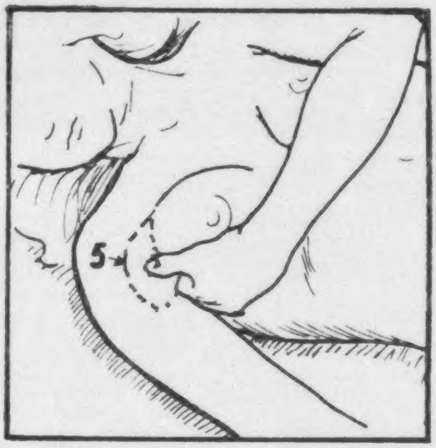
For area 3, bring the right arm to side and examine lower, outer quarter.



For area 4, repeat on the upper, outer quarter and the area between breasts and armpit.



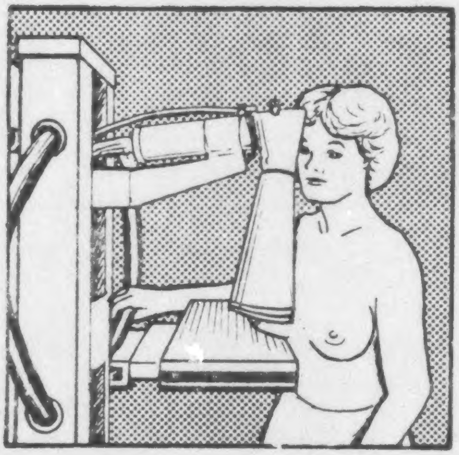
For area 5, examine the armpit.



Step 4: Move the towel under left shoulder and repeat the examination on the left breast.

Women who are in the high risk category may require an additional test called a mammographic exam. Women in this category are:

--women age 50 or over,
--women whose mothers or sisters have had breast cancer,
--women who have had cancer in one breast.



Mammography is a kind of x-ray, used to create an image of the breast on film. It can show lumps or tumors that are too small to be felt during a self-examination or a doctor's examination.

Student Self-Check

MEDICAL CHECKS OF THE FEMALE REPRODUCTIVE SYSTEM

Directions: On a separate sheet of paper, answer the following questions. Check your answers against those provided on p. 9.

1. The _______ examination and the _______ examination are recommended for the female during regular medical check-ups.
2. A person who specializes in the care of the female reproductive system is called a _______
3. The testing of the cells from the cervix to determine the presence of cancer is known as a _______.
4. The breast self-examination should be done _______.
5. The x-ray examination to determine lumps or tumors in the breast is called _______.

Student Information

CHANGES IN LATER LIFE

Both males and females may experience sexual and emotional changes in later life due to hormonal changes. The degree of the changes will vary among individuals. Knowing what changes to expect in later life and knowing that these changes are normal and natural will make adjusting to them much easier.

Changes in the Female

The "change of life" refers to a combination of hormonal, physical, and psychological changes that a woman makes just before, during, and after "menopause." Menopause and change of life are terms related to the the time in a woman's life when the functioning of the ovaries declines and the menstrual cycle and reproductive functions stop. Menopause actually means that the menstrual cycle stops. This normal body process in females occurs on the average at the age of fifty. However, menopause may begin as early as thirty-five or it may be delayed until age fifty-five or older.

As a woman reaches age forty-five, her ovaries do not respond to the FSH hormone that the pituitary gland has been sending since puberty. Thus, estrogen production is reduced. When this happens, she may miss periods or her periods may become unusual or irregular.

Many women fear that menopause means an ending of sexual activity, but this is not true. For many women, sexual enjoyment after menopause is increased because they no longer are worried about pregnancy. However, contraceptives should be used for one year after a woman's last period to avoid pregnancy. Pregnancy just before or during menopause involves a greater risk of defective babies and miscarriages. There are also emotional problems associated with pregnancy and parenthood at this time.

Some women go through menopause barely aware that they are in it. Others have physical and/or psychological symptoms usually due to the change in hormone level.

Physical symptoms of menopause in women include the following:

--headaches
--dizziness

--joint pains
--heart palpitations (throbbing)
--unusually tired
--troubled sleep
--"hot flashes" (a sudden spreading sensation of heat from the waist upward, usually accompanied by flushing and perspiration)
--unusual or irregular periods

Psychological problems often experienced at the same time as menopause include the following:

--feelings of not being needed or loved
--feelings of loss due to the children leaving home
--depression
--irritability
--feeling sexually unattractive
--may become anxious and frustrated
--may be critical of everyone and everything

To cope with these physical anc emotional changes, the female may need:

--Extrogen therapy. Sometimes hormone changes can be treated with estrogen therapy. This is done only after an evaluation of a woman's medical history by a doctor.
--Understanding. At this time a woman needs greater understanding from her mate, her family, and friends.
--New interests. Finding meaningful new things to occupy her time and thoughts may help a woman to cope with feelings of depression and loss.

Change in the Male

From puberty through old age, and probably as long as he lives, a man's reproductive organs continue to work. The production of the male sex hormone may steadily decrease past the age of about fifty. There is a growing evidence that this decrease influences the moods and reactions of the male. This period of change of life in the male is called climacteric, or the "male menopause." This change of life experience is not as evident or pronounced in men as menopause is for most females.

One or several of the following physical symptoms may occur in the male during climacteric:

--may tire more easily
--may lack energy
--may experience occasional dizziness
--constipation
--urinary irregularities
--itching
--abnormally fast heart beat
--sexual difficulties

Psychological symptoms sometimes associated with the climacteric in the male include the following:

--boredom with job
--fearful of loosing youth
--difficulty in accepting middle-age
--dissatisfaction with marriage and family

During climacteric, the main task for a man is to accept the changes life brings, to accept his age, to appreciate the good things in his life and his past successes. He should also give up some of his unrealistic goals and relax more.

Sometimes symptoms and worries do not decrease with talking them over with his mate, family or friends. Then the male should go to a doctor and discuss his fears, symptoms, and related problems.

A man's general state of health, his attitude toward life, and his self-image will determine how he adjusts to the changes of middle age.

Student Self-Check

CHANGES IN LATER LIFE

Directions: On a separate sheet of paper, draw the following chart. Fill in the information and check your answers against the ones provided on p. 9.

CHANGES IN LATER LIFE		
	Physical Changes	Psychological and Emotional Changes
Female Menopause	(List three changes.)	(List three changes.)
Male Climacteric	(List three changes.)	(List three changes.)

267

Student Self-Check

ANSWERS
MEDICAL CHECKS OF THE FEMALE REPRODUCTIVE SYSTEM

1. --Breast
   --Pelvic

2. Gynecologist

3. Pap smear

4. Monthly

5. Mammography

Student Self-Check

ANSWERS
CHANGES IN LATER LIFE

CHANGES IN LATER LIFE

	Physical Changes	Psychological and Emotional Changes
Female Menopause	--Headaches --Dizziness --Joint pains --Heart palpitations --Unusually tired --Troubled sleep --"Hot flashes" --Unusual or irregular periods	--Feelings of not being needed or loved --Feelings of loss due to the children leaving home --Depression --Irritability --Feeling sexually unattractive --May become anxious and frustrated --May be critical of everyone and everything
Male Climacteric	--May tire more easily --May lack energy --May experience occasional dizziness --Constipation --Urinary irregularities --Itching --Abnormally fast heart beat --Sexual difficulties	--Boredom with job --Fearful of loosing youth --Difficulty in accepting middle-age --Dissatisfaction with marriage and family

Evaluator's Final Checklist

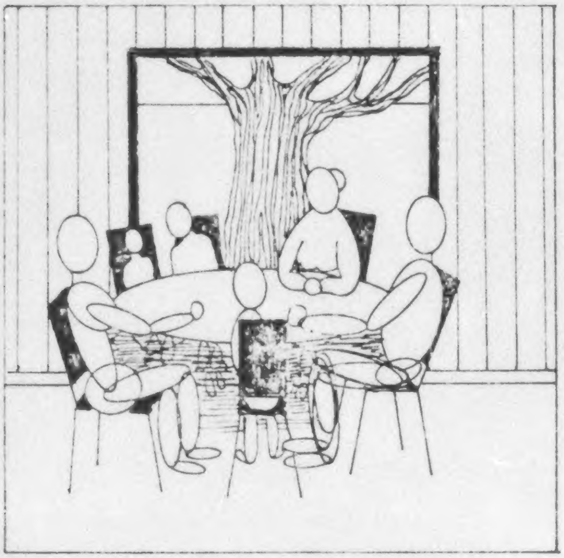
CONTINUING CHANGES IN THE HUMAN REPRODUCTIVE SYSTEMS

Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
The student completed the Check-Out Activity Sheet with 80% accuracy	( )	( )	( )

HUMAN DEVELOPMENT

SEPARATION AND DIVORCE



INTRODUCTION

Separation and divorce can be a serious emotional experience for a couple and their families. Many couples find that after several attempts to mend a relationship they cannot stay married. Other couples feel that married life should be a happy life. If there is no happiness, they see no point in remaining together. Whatever the reason for a separation or divorce, there will be adjustments in the new life style, especially if children are involved. In this module you will learn about various aspects of separation and divorce. You will also learn about the adjustments that are to be made and how to seek help in making those adjustments.

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVE

When you finish this module, you will be able to complete a test about separation and divorce with 80% accuracy.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, SEPARATION AND DIVORCE.

LEARNING ACTIVITIES

1. BRAINSTORM reasons why people divorce with a small group of classmates,

   (and/or)_______________.

2. READ and STUDY Student Information, TERMS TO KNOW, pp. 3-4,

   (and/or)_______________.

3. RESEARCH the questions on Student Information, DIVORCE, pp. 4-5, in a reference provided by your instructor,

   (and/or)_______________.

4. READ about the aspects of divorce and the adjustments that are made in a reference provided by your instructor. DISCUSS Student Information, DISCUSSION GUIDE ABOUT DIVORCE, p. 5, with classmates,

   (and/or)_______________.

5. PARTICIPATE in an open workshop about separation and divorce. Your instructor will provide further instructions,

   (and/or)_______________.

6. READ about children and divorce in a reference provided by your instructor,

   (and/or)_______________.

7. LISTEN to a panel discussion about the effects of divorce and/or remarriage on children,

   (and/or)_______________.

8. COMPLETE Student Self-Check, MARITAL BREAK-UPS, pp. 5-6.

9. WORK with your instructor to plan and carry out a related FHA/HERO activity,

   (and/or)_______________.

10. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

Student Information

TERMS TO KNOW

The terms listed below will be used in some of the Learning Activities in this module about separation and divorce. Read and study each term and its definition or description. As you work on other Learning Activities, you may need to refer to this list of terms.

Note: Since marriage and divorce laws are made by the states, they are different from one state to another. The information given below is general in nature. To get more specific information about the marriage and divorce laws in a particular state, consult a lawyer or other law official.

Separation

Separation is the term used to indicate that the couple has set up separate living arrangements. Separation does not end marriage. The marital rights and obligations are the same. There are several kinds of separation:

--The simplest kind of separation is when the husband and wife informally decide to set up separate living arrangements. The wage earner spouse remains responsible for the support of the other spouse and the children. The couple continue to have rights and obligations to each other.

--Another type of separation is desertion. Desertion occurs when one spouse leaves home without the other's consent. The deserted spouse can take legal action against the deserter to get custody of the children and control of their home and furnishings.

--Legal separation is the term used when a couple agrees to separate and has their lawyers prepare a formal separation agreement. This is a written agreement that states the division of property, alimony and child support payments, custody of the children, and the couple's continuing rights and duties toward each other.

Annulment

Annulment is a court order that declares a marriage invalid, which indicates that the couple were never legally married. It restores the couple to the original single status. Marriages can be annuled if one or both spouses commit fraud against each other. Fraud is the act of deceiving in order to cause another to surrender a legal right. There are several types of fraud that may lead to annulment. Some of these include:

--not telling about a previous marriage or divorce
--the refusal to have children
--the refusal to go through a religious ceremony after a civil wedding
--not telling about being pregnant before marriage when the child is not the husband's
--not telling about a disease
--marriage for the wrong reasons such as for obtaining the property of another or for gaining admission to the United States or for becoming an American citizen
--insanity of either spouse after the marriage
--inability of either spouse to engage in normal sexual intercourse
--sterility of either spouse discovered after the marriage

Annulments are usually obtained because one or both of the couple are of a religious faith that does not recognize divorce. Annulment is similar to a divorce in many aspects:

--The former spouses are free to remarry.
--The custody of the children is decided by the court, although the major wage earner is usually obligated to support them.
--Each spouse regains his or her property.
--Joint properties are divided between the two.

The disadvantages of annulment as compared with divorce are as follows:
- --In some states, children of an annulment are legally considered illegitimate. Such children lose their inheritance rights.
- --Usually neither of the two has rights to their former spouse's properties.

Divorce
Divorce is the legal action taken to end a marriage. There are two kinds of divorce: "adversary" divorce and "no fault" divorce.

The adversary divorce is when one spouse charges the other with misconduct. The misconduct is called "grounds" for a divorce. Most states recognize the following misconduct as grounds or valid reasons for a divorce:
- --adultery
- --cruelty (mental or physical)
- --desertion
- --nonsupport (willful neglect)
- --separation (living apart)
- --alcohol or drug addiction
- --insanity
- --incompatability (the couple are not able to live together peaceably)

The "no fault" divorce does not specify grounds for the divorce. The couple simply indicate that they are incompatable and wish to have thier marriage dissolved. In this type of divorce, neither spouse has to be charged with a misconduct.

Alimony
Alimony is a support allowance made to a dependent spouse by the primary wage earner spouse. This is given while waiting for, or after, their legal separation or divorce. (Alimony is sometimes called separate maintenance.) In the past, women have received alimony from their ex-husbands. Now with the women's movement for equal rights, men can legally claim their right to alimony if the ex-wife was the primary wage earner. According to recent studies, alimony is given in less than 15 percent of all divorce cases, and women pay less often then men. Not all states have laws that force women to pay alimony.

Child Support
Child support is the payment provided for the care of the child or children by the absent parent. It is paid while waiting for, or after, legal separation or divorce.

Custody
Custody is the legal declaration of one parent as the guardian of the child(ren). In the past, the mother usually received custody and the father had certain visiting rights. But these laws are changing. Custody is sometimes divided. One parent may have the child(ren) most of the time, such as during the school year. The other parent may have the child(ren) on weekends and during vacations.

Student Information

DIVORCE

Directions: Research the following questions using the reference suggested by your instructor. Write your answers on a separate sheet of paper. Check your answers against those provided by your instructor.

1. According to recent studies, the divorce rate is one for every ______ marriages.

2. Other studies show that one-half of all divorces take place within the first ______ years of marriage.

3. If a marriage does not end in divorce during the early years, when is another time that it is most apt to occur?

4. (True False) Studies show that the younger the partners were when they married, the more likely the marriage is to end in divorce.

5. Divorce occurs in all types of groups of people: young and old, wealthy and poor, urban and rural societies, races, religions, etc. However, certain particular groups are more apt to divorce than others. List the groups.

6. List the legal basis or "grounds" for divorce.

Student Information

DISCUSSION GUIDE ABOUT DIVORCE

Directions: In a small group or large group of students, discuss the following topics concerning divorce. Discussion should be based on the readings that you have done.

Topic 1: THE TOTAL DIVORCE EXPERIENCE

- a. Explain the following statement, "Some couples experience an emotional divorce long before getting the legal divorce."
- b. What is a legal divorce?
- c. The economic aspect of divorce is the process of dividing the shared property and belongings of the couple. Discuss the economic divorce in view of its fairness to both of the ex-partners.
- d. What decisions have to be made when children are involved in a divorce?
- e. A married couple share friends. What problems regarding their friends often occur when the couple gets a divorce?
- f. What is meant by the term "psychological divorce?"

Topic 2: THE ADJUSTMENTS FOLLOWING DIVORCE

- a. What are some of the advantages of being single again?
- b. What are some of the disadvantages of being single again?
- c. Explain the following statement: "Divorce is not always the worst decision for the children involved."
- d. What are some of the problems that a divorced person often encounters in remarriage, especially when children are involved?
- e. Why are most people who remarry often happier in their second marriage than they were in their first?

Student Self-Check

MARITAL BREAK-UPS

Directions: Using a separate sheet of paper, number the paper from 1-8. Match the terms and phrases with the description by writing the letter of the **Descriptions** beside the number of the **Terms and Phrases.** Check your answers against the ones provided on p. 7.

Terms and Phrases

____ 1. Separation

____ 2. Adversary divorce

____ 3. Alimony

____ 4. Custody

____ 5. Annulment

____ 6. No-fault divorce

____ 7. Grounds

____ 8. Child support

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Descriptions

a. A court order that declares a marriage invalid, thus restoring the couple to the original single status

b. Misconduct that is given as valid reason for a divorce

c. Payment provided for the care of the child or children

d. The couple has set up separate living arrangements

e. A divorce in which one spouse charges the other with misconduct

f. The guardianship of the child(ren) during separation and after the divorce

g. A divorce in which the couple indicate that they are incompatable and wish to have their marriage dissolved

h. A support allowance made to a dependent spouse by the primary wage earner spouse

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Student Self-Check

ANSWERS
MARITAL BREAK-UPS

1. d
2. e
3. h
4. f
5. a
6. g
7. b
8. c

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Evaluator's Final Checklist

SEPARATION AND DIVORCE

Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
The student completed the Check-Out Activity Sheet with 80% accuracy	( )	( )	( )

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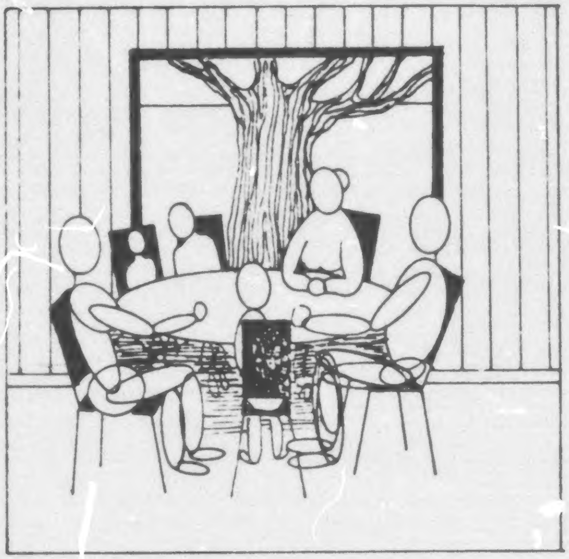
HUMAN DEVELOPMENT

LIVING WITH THE EDERLY



INTRODUCTION

Grandparents, aunts, uncles, and cousins are sometimes a part of home and family living. This type of grouping is called an extended family. Having elderly grandparents living with the family or close by is probably the most common extended family structure. In this module you will learn about aging and the elderly family members of the extended family, their problems, and their needs.

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Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVE

When you finish this module, you will be able to complete a test relating to the elderly in the extended family structure with 80% accuracy.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, LIVING WITH THE ELDERLY.

LEARNING ACTIVITIES

1. RESEARCH the terms "nuclear family" and "extended family" in a reference provided by your instructor. Then STUDY Student Information, THE EXTENDED FAMILY, p. 3,

   (and/or) ________________.

2. READ about the later adult years in a reference suggested by your instructor. Then READ Student Information, AGING IN THE AMERICAN SOCIETY, pp. 3-4,

   (and/or)________________.

3. READ Student Information, HAVING AGING FAMILY MEMBERS IN THE HOME, pp. 4-7,

   (and/or)________________.

4. READ Student Information, PREPARING FOR LATER YEARS, p. 7,

   (and/or)________________.

5. VIEW filmstrips, provided by your instructor, about attitudes toward aging. DISCUSS Student Information, DISCUSSION GUIDE--THE REALITIES OF AGING, p. 7,

   (and/or)________________.

6. ROLE PLAY with classmates some family situations that involve elderly family members. Your instructor will provide the situations to be acted out,

   (and/or)________________.

7. COMPLETE Student Self-Check, THE ELDERLY IN THE EXTENDED FAMILY, pp. 7-8.

8. WORK with your instructor to plan and carry out a related FHA/HERO activity,

   (and/or)________________.

9. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

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Student Information

THE EXTENDED FAMILY

Families are usually made up of men, women, and children. The three key role relationships in a family are husband-wife, parent-child, and sibling-sibling (brothers and sisters). These relationships will each be a little or a lot different. Some things which cause these differences are nationality, region of the country, class, religion, and race.

Family relations also extend to "blood" relatives and in-laws. The "extended family," as these relationships are called, are found in all cultures and societies. The rules and importance would be different from one society to another.

The most important, or primary, extended family relationships are those between parents and children after the children set up a household of their own. The second most important are those between brothers and sisters after they set up their own household. Most people have a special feeling for parents, brothers, and sisters.

Cousins, aunts, uncles, nieces, and nephews may have important relationships to one another. These relationships are usually not as important as the primary relationships. The relationships between grandparents and their grandchildren remains a primary one even though it stretches across three generations.

Your relatives may live all over the country, but you will usually have some contact with the extended family--especially grandparents. In this module you will learn about the older members of your extended family.

Student Information

AGING IN THE AMERICAN SOCIETY

From the moment of conception, every person begins to age. During their early years, most people accept aging as a part of life. Many young people can hardly wait to get older. They look forward to having more privileges and greater freedom. Through middle age and old age, people's attitudes about aging vary. Some dread getting older. Others plan to do many things after retirement and look forward to the opportunities to travel or to devote time to hobbies and/or grandchildren. Some people look forward to the rest and taking life easy. They sometimes refer to old age as the "golden years" of life.

Negative Attitudes About Aging

Our society has some negative attitudes about aging. Some of these attitudes tend to create problems for older as well as younger people. Several conditions in our society have caused the negative attitudes about aging. Some of these conditions are suggested below:

Youth-oriented society. "Youth" represents physical activity, mental alertness, and attractiveness. Magazines, newspapers, radio, and television "play up" the idea of being and staying young. The next time you read a magazine or a newspaper or watch television watch for these kinds of advertisements and commercials.

On the other hand, "old age" represents inactivity, nonproductiveness, and senility. This outlook on aging makes it very hard for people to accept and enjoy growing older.

The machine age. Machines do many of the jobs once done by people. This has left many of the skills and experiences of laborers and craftsmen unused or out of date. The result is a certain loss of respect for the skills and knowledge of

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older people. Because older people do not have an opportunity to show off their skills, some people do not know their capabilities.

The move to the city for jobs. As a result of the machine age (industrialization), families today move to urban areas where they can find work. Some families move from city to city changing jobs or being transferred. This has caused a change in the sense of community. There is not as much "neighboring" as in the past when people lived much of their lives in the same community with the same people. This has often caused older people to be left behind where they are easily forgotten.

Being made to retire. Many elderly persons who would like to work have been recommended for retirement. These people often feel left out and nonproductive.

The goal of personal success. The "quest for the American dream" is the idea that one can start from nothing and become successful. This individual quest for success does not always encourage a collective or cooperative effort. Therefore, responsibility to the elderly is not a top priority for many who have this dream of personal success.

Separating the young from the old. Many older people are a part of retirement communities and apartments, senior citizen centers, and social programs for the elderly. These tend to increase the segregation of older and younger people.

Positive Aspects Of Aging

There are several very positive aspects of the "golden years" of life that everyone should know.

Increased life spans. The life span in America has increased a great deal during the twentieth century. The average life span for males in 1926 was 57 years. Today, it is about 68 years. For females in 1926 it was 59.6 years. Today it is about 74 years. This means that people in our society have more years to enjoy life than ever before.

Better medical care. Federal and state medical programs provide medical care for more people than ever before. Many elderly Americans are able to receive good medical care that they would not have received before these programs became available.

Social Security and retirement benefits. Most elderly people receive some sort of Social Security benefits Many also receive retirement benefits from their years of employment. Having personal income provides a sense of independence and self-respect.

Sense of independence. Many older people whose children are grown, enjoy the freedom from child-rearing responsibilities. They no longer have the financial burden of feeding and educating a family.

Freedom to enjoy personal interests. Many older people enjoy the freedom from extended family responsibilities. They prefer being with their spouse or with their friends. Many say they enjoy some time to be alone.

Student Information

HAVING AGING FAMILY MEMBERS IN THE HOME

Having elderly persons living in one's home can be very rewarding. Or it can be very irritating. The situation depends on the willingness of all family members to work together.

Many older people would rather not live with their children, but they have no other choice. The son or daughter with whom they live will usually be working and taking care of a family. And just as the children begin to leave home, his/her

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parents may become more dependent and need a home. The son or daughter may feel a loss of personal freedom that was looked forward to. Also, the son or daughter may be having health problems or emotional stress due to menopause and middle age.

As many people reach middle age, they and their parents experience a sort of "role reversal." Instead of their parents caring for them, they will exchange roles and will be caring for their parents. Family members should know what to expect and how to handle this situation. It is important that each family member recognizes the changes that come with aging and the problems and needs of the elderly.

Problems Faced by the Elderly

Each person ages differently. Elderly persons should not be compared with each other. One 65-year-old person may be much younger physically, socially, and mentally than another 65-year-old. Being old cannot be measured by a person's age alone.

As a person begins to age, the body, and sometimes the mind, begins to change. These changes are often very noticeable to both the elderly person and to family and friends. Some changes that are common during the aging process are listed below. Not all older people experience these problems. You may know an elderly family member or friend who is experiencing some of these changes. The elderly person may:

-- Have difficulty chewing and digesting some foods.
--Have parital loss of hearing.
--Have partial loss of eyesight.
--Not move around as quickly or as easily as when younger.
--Have frequent aches and pains.
--Be forgetful.
--Feel less attractive as the skin begins to wrinkle.
--Experience a slowing down in the growth of new cells and repair cells of body tissues.
--Have decreased strength in the upper arms.
--Have difficulty in adjusting to high and low external temperatures.
--Have poor blood circulation.

Emotional and social changes may also occur. These changes are due to several different reasons. One reason is that after retirement some people lose contact with friends from work. They may find it hard to find new friends that have the same interests as they do. Another change is the death of a spouse and friends. The emotional and social changes that may occur include:

--Being less active in work, church, or civic activities.
—Often feeling lonely.
--Feeling helpless and useless.
--Having a feeling of decreased dignity and a lack of security.
--Having less income.
--Being forced to retire because of age.
--Feeling unwanted.

Another serious problem faced by some elderly persons is that of abuse. Because overburdened and unprepared adult children do not have an understanding and consideration for elderly family members, they sometimes abuse them. The elderly are fast becoming what social scientists call the "battered aged." In England this family problem has been termed "granny bashing" and "gramslamming." In a recent parent abuse study, it was reported that one out of every ten elderly persons living with a member of the family had been subjected to abuse. Four types of abuse occurred most often:

--Physical abuse, which included beating, withholding personal care, food, medicine, and necessary supervision.
--Psychological abuse, which included verbal assaults and threats provoking fear.

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--Material abuse, which included theft of money or personal property.

--Violation of rights, which included forcing a parent out of his/her own home and into a rest or nursing home.

Many adult children feel that they cannot cope with having to care for an elderly person as well as care for their spouse, children, and household. They are often tired, frustrated, and angry. At the same time they feel guilty about these emotions. The result of these emotions is sometimes abuse.

Being old may be the "golden years" for some elderly persons. But others may face health, financial, emotional, and family problems. These problems cause old people to experience much stress and depression.

Knowing the changes and problems that aging people experience will help you to better understand elderly family members. How other family members feel about the elderly has a great effect on how they feel about themselves.

The Needs of the Elderly

Old age does not have to be a waste of talents, skills, and companionship. It may be necessary for older persons to slow the pace of life physically. But, they should be allowed and encouraged to live a useful, productive, and fulfulling life. To do this, the elderly must have the help, understanding, and consideration of family and friends. Their needs are not very different from anyone else's.

--The elderly need to feel useful and needed. Specific family responsibilities should be given every family member. Elderly members should be given important responsibilities. They should be given some choices of tasks and their services should not be taken for granted.

--Like everyone else, the elderly need time away from the family. They can be useful community leaders. They should be encouraged to work in religious and community organizations. They should also be encouraged to attend "senior citizen" functions for social contacts. Having interests inside and outside the home helps to keep an older person active, alert, and happy.

--Also like everyone else, the elderly need love and affection. Older people appreciate thoughtfulness, consideration, and cheerfulness. They also need to be allowed opportunities to show their love and affection for family members. Children and teenagers in the family should spend some time with the elderly family member. This gives both young and old the chance to develop love and respect for one another.

--They need patience and understanding. Sometimes older people become forgetful. Some old people are hard to get along with.

--The elderly need some degree of independence. They should be allowed and encouraged to have hobbies. They should have spending money, privacy, and a place for personal belongings. This helps them to maintain dignity and a sense of self-worth.

--It is very important for the elderly to maintain a well-balanced diet. Poor nutrition can increase the physical changes that occur due to aging. Eating alone and not having enough money for food are two causes of malnutrition among the elderly.

--Older people need physical activity to keep their bodies functioning normally. An exercise plan, such as vigorous daily walks, can help prevent illness and injury and can become a form of recreation. Physical exercise also stimulates mental activity.

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If at all possible, all the needs of the elderly should be met. This can help them to overcome loneliness, helplessness, uselessness, and insecurity. A feeling of belonging and of being a necessary part of the family can make life in the extended family special to each of its elderly members. The last stage of life should be as exciting and productive as any other.

Student Information

PREPARING FOR LATER YEARS

Perhaps the best way for each of us to accept our own "old age" is to be prepared for it. There are several things we can do to prepare for this later stage of life.

--Take care of yourself now. Eating properly and getting enough exercise will help your body in later life.

--Make financial preparations. This can be done by establishing a retirement account early in life. You should live now in a life style that you can afford, and you should avoid large debts. Obtain adequate insurance protection for family members in case of sickness or disability.

--Keep interested in doing things for and with other people. Establish a pattern of involvement and activity with the neighbors, church, and community organizations.

--Develop a habit of lifelong learning. Reading, crafts, gardening, writing, sewing, playing a muscial instrument, taking classes, etc., can be a means of continuing to learn throughout life. There will be no time for boredom in old age if you maintain the habit of learning.

Responding to the Challenge of Aging

For elderly family members, preparing for aging may be too late. However, the following are things we can suggest as ways to respond gracefully to the challenge of old age:

--Stay interested in helping others. This can be done around the neighborhood or through community organizations.

--Seek friends who have similar interests. Visit, share home-cooked meals, travel, and share hobbies with friends who have mutual interests.

--Seek out new interests and activities. This can be done by participating in senior citizen programs, attending cultural functions, going to classes at a local adult education center or a college or university, attending religious and community meetings, etc.

--Strengthen family ties. Continue to have family gatherings that are traditionally celebrated. Take time to enjoy grandchildren or nieces and nephews.

--Learn to adjust. Changes, such as moving into a new living arrangement, are sometimes hard to adjust to. Discussing problems and making compromises can hasten adjustment. Realizing that one must give and take will make things easier and more pleasant for everyone involved.

Student Information

DISCUSSION GUIDE - - THE REALITIES OF AGING

Directions: In a small group of students, discuss the following questions concerning the realities of aging. Discussion can be based on readings, audio-visuals, and personal experiences.

1. What are some of the problems faced by the elderly in our society?
2. What are some of the reasons for problems when the elderly come to live with a family?
3. How can we help elderly family members be productive and have a fulfilling life? Suggest activities.

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4. Can you imagine yourself as an elderly family member? How do you think you would feel and act?

5. What do you plan to do when you reach retirement?

Student Self-Check

THE ELDERLY IN THE EXTENDED FAMILY

Directions: Write your answers to the following questions on a separate sheet of paper. Check your answers against those provided on p. 8.

1. List four reasons for negative attitudes about aging.

2. List three positive aspects of aging.

3. True False (Circle one.) Elderly persons age in the same ways and at the same rate.

4. Describe five physical changes that occur due to the aging process.

5. Emotional and social changes occur for a person due to the aging process. Name four of these kinds of changes.

6. Four types of parent abuse were described in the reading. Give one example of each type of abuse that is listed below:
   a. Physical abuse
   b. Psychological abuse
   c. Material abuse
   d. Violation of rights

7. Name four needs that the elderly have.

8. What can a person do to prepare for old age?

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Student Self-Check

ANSWERS
THE ELDERLY IN THE EXTENDED FAMILY

1. --Youth-oriented society.
   --The machine age.
   --The move to the city for jobs.
   --Nuclear families
   --Being made to retire.
   --The goal of personal success.
   --Separating the young from the old.

2. --Increased life span
   --Better medical care
   --Social Security and retirement benefits
   --Sense of independence
   --Freedom to enjoy personal interests

3. False

4. The elderly person may:
   --Have difficulty chewing and digesting some foods.
   --Have partial loss of hearing.
   --Have partial loss of eyesight.
   --Not move around as quickly or as easily as he/she did when younger.
   --Have frequent aches and pains.
   --Be forgetful.
   --Feel less attractive as the skin begins to wrinkle.
   --Experience a decrease in overall energy.
   --Have an increased brittleness and fragility of bones.
   --Experience a slowing down in the growth of new cells and repair cells of body tissues.
   --Have decreased strength in the upper arms.
   --Have difficulty in adjusting to high and low external temperatures.
   --Have poor blood circulation.

5. --Being less active in work, church, or civic activities.
   --Often feeling lonely.
   --Feeling helpless and useless.
   --Having a feeling of decreased dignity and a lack of security.
   --Having less income.
   --Being forced to retire because of age.
   --Feeling unwanted.

6. a. Physical abuse - beating, withholding personal care, food, medicine, and necessary supervision.

   b. Psychological abuse - verbal assaults and threats provoking fear.

   c. Material abuse - theft of money or personal property.

   d. Violation of rights - forcing a parent out of his/her own home and into a rest or nursing home.

7. --To feel useful and needed.
   --Time away from the family.
   --Love and affection.
   --Patience and understanding.
   --Some degree of independence.
   --A well-balanced diet.
   --Physical activity to keep their bodies functioning normally.

8. --Take care of yourself now.
   --Make financial preparations.
   --Keep interested in doing things for and with other people.
   --Develop a habit of lifelong learning.

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Evaluator's Final Checklist

LIVING WITH THE ELDERLY

Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
The student completed the Check-Out Activity with 80% accuracy	( )	( )	( )

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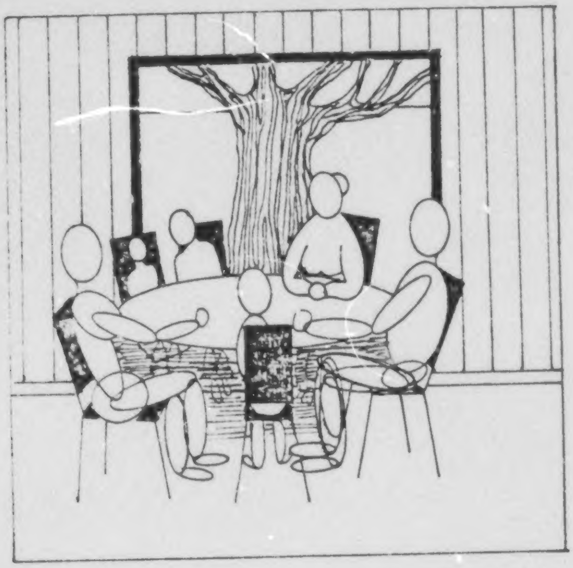
HUMAN DEVELOPMENT

ADJUSTING TO DEATH



INTRODUCTION

Death is the final stage of life. It may come suddenly and unexpectedly. Or it may be a lengthy process due to a terminal disease. Death may come to young people as it does to older ones. In this module you will learn how to relate to a dying friend or family member. And you will learn how to help those left when a loved one dies. Through these experiences you may also learn how to accept the reality of death as the natural end to all life--including your own.

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVE

When you finish this module, you will be able to complete a test about adjusting to death with 80% accuracy.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, ADJUSTING TO DEATH.

LEARNING ACTIVITIES

1. READ and COMPLETE Student Information, ATTITUDES TOWARD DEATH, pp. 3-5. DISCUSS the Student Information with a group of classmates designated by your instructor. With the group, COMPARE responses to the questions. DECIDE (a) Things the members of the group seemed to agree on most, (b) Things members of the group seemed to disagree on most, (c) What made most of the group uncomfortable, and (d) Questions and/or doubts members of the group have about death. Your instructor will give further instructions for this activity,

   (and/or)________________.

2. READ about death in references provided by your instructor. DISCUSS various topics concerning death with classmates. USE Student Information, DISCUSSION GUIDE ABOUT DEATH, pp. 5-6,

   (and/or)________________.

3. VIEW filmstrip(s), provided by your instructor, about attitudes toward death and dying and ways to cope with death,

   (and/or)________________.

4. READ about talking to children about death in a reference provided by your instructor,

   (and/or)________________.

5. LISTEN to a resource person talk about adjusting to death,

   (and/or)________________.

6. READ Student Information, ADJUSTING TO DEATH--A SUMMARY OF LEARNINGS, pp. 6-8,

   (and/or)________________.

7. COMPLETE Student Self-Check, COPING WITH DEATH, p. 8.

8. WORK with your instructor to plan and carry out a related FHA/HERO activity,

   (and/or)________________.

9. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

Student Information

ATTITUDES TOWARD DEATH

Directions: Answer the following questions on a separate piece of paper. There are no right or wrong answers to the questions. The purpose of this Student Information is to help you to become aware of your own feelings about death. Answer the questions as honestly as you can. Feel free to choose more than one answer or to make other comments on any question. After you have completed the exercise, your instructor will provide further instructions for this Learning Activity.

1. Whose death was the first that you remember?
   a. Grandparent or great-grandparent
   b. Parent
   c. Sister or brother
   d. Friend
   e. Stranger
   f. Famous person
   g. Pet

2. To the best of your memory, at what age were you first aware of death?
   a. Under age three
   b. Three to five years old
   c. Five to ten years old
   d. Ten or older

3. When you were a child, how was death talked about in your family?
   a. Openly
   b. With some discomfort
   c. Only when necessary
   d. As though death was a forbidden subject
   e. Did not talk about death

4. Which of the following best describes your understanding of death when you were a child?
   a. Going to heaven or hell
   b. Some different kind of life
   c. Sleep
   d. Too mysterious to know
   e. Had no idea
   f. Cannot remember

5. Which of the following most influences the way you think about death now?
   a. Death of someone close
   b. Things you have read
   c. Religion
   d. Funerals
   e. Television, movies, etc.
   f. Length of time family members have lived
   g. Own health

6. Has religion been an important part in the way you think about death?
   a. Very important
   b. Important
   c. Not very important
   d. Not at all important

7. How much do you believe in life after death?
   a. Strongly believe
   b. Believe
   c. Not sure
   d. Doubt it
   e. Believe there is no life after death

8. Regardless of your belief about life after death, what is your wish about it?
   a. I really wish there were a life after death.
   b. I don't care if there is or is not a life after death.
   c. I hope there is no life after death.

9. How often do you think about your own death?
   a. At least once a day
   b. Often
   c. Sometimes
   d. No more than once a year
   e. Never or almost never

10. If you could choose, when would you die?
    a. In youth
    b. In middle age
    c. Just after middle age
    d. In old age

11. What does death mean to you?
    a. The end of life
    b. A new beginning
    c. Endless sleep and peace
    d. End of physical life, but the spirit lives on
    e. Don't know

12. What thing about your own death bothers you most?
    a. I could no longer have any experiences.
    b. I am afraid of what might happen to my body after death.
    c. I am not sure what will happen to me if there is life after death.
    d. I could no longer provide for my family.
    e. My relatives and friends would grieve.
    f. I could not finish things I have started.
    g. The process of dying might be painful.

13. At what age do you think people are most afraid of death?
    a. Up to 12 years old
    b. 13 - 19 years old
    c. 20 - 29 years old
    d. 30 - 39 years old
    e. 40 - 49 years old
    f. 50 - 59 years old
    g. 60 - 69 years old
    h. 70 and over

14. What do you believe causes most deaths?
    a. Accidents
    b. Diseases
    c. Natural causes
    d. Neglect of the body
    e. Deaths just happen

15. Do you believe that psychological factors, such as the way a person feels, believes, and thinks, can influence or cause death?
    a. Yes
    b. It is possible.
    c. I don't believe so.

16. How do you feel when you think of your own death?
    a. Afraid
    b. Sad
    c. No reason to go on
    d. Want to do something with life I have left
    e. Glad to be alive

17. Would you be willing to give up your life
    a. for a loved one?
    b. for something you believe in, such as religion?
    c. in an emergency to save another life?
    d. Not for any reason?

18. If your doctor knew that you had a limited time left to live, would you want him/her to tell you?
    a. Yes
    b. No
    c. Depends on the circumstances

19. If you were told that you had a terminal disease and a limited time to live, how would you spend your time until you died?
    a. Do a lot of things for pleasure.
    b. Read, think, and pray.
    c. Think about the needs of my family and friends.
    d. Try to finish everything I have started.
    e. I would not change my way of life.
    f. I would try to do one very important thing.
    g. I might think about committing suicide.
    h. None of these things.

20. What efforts do you think should be made to keep a seriously ill person alive?
    a. All possible efforts, including transplants
    b. Efforts that are reasonable for the person's age, physical and mental condition, and pain
    c. A senile person should not be kept alive by elaborate artificial means.

21. If you are married, would you
    a. Rather die first and have your spouse outlive you?
    b. Rather outlive your spouse?
    c. Don't know

22. What do you think is the main reason for the way you answered question 21?
    a. I don't want to be lonely.
    b. I don't want my spouse to be lonely.
    c. I don't want to grieve for my spouse.
    d. I don't want my spouse to grieve for me.
    e. The one I marked to live longer can stand being alone better.
    f. None of these answers are the reason.

23. How important do you think that wakes, funerals, and mourning are to the family of the person who dies?
    a. Very important
    b. Important
    c. Not important
    d. Don't know

24. If it was left up to you to decide, how would you like to have your body disposed of after you have died?
    a. Burial
    b. Cremation
    c. Donation to a medical school or science
    d. It doesn't matter.

25. If it were possible, would you want to know the exact date on which you were going to die?
    a. Yes
    b. No

Student Information

DISCUSSION GUIDE ABOUT DEATH

Directions: In a small group or large group of students, discuss the following topics concerning death. Discussion should be based on the readings that you have done.

Topic 1: REACTIONS TO DEATH
- a. Why is death a "taboo" subject (subject to avoid talking about) with many people?
- b. What are the normal reactions to the death of a child? a teenager? a middle-aged person? an older person?

Topic 2: POINTS OF VIEW ON DEATH
- a. How does a child view death?
- b. How do adolescents and young adults view death?
- c. How do middle-aged persons view death?
- d. How do older adults view death?

Topic 3: COMMON EMOTIONAL RESPONSES TO DEATH BY DYING PERSONS AND THEIR FAMILIES
- a. Elizabeth Kubler-Ross, the author of the book On Death and Dying, points out the five emotional stages of death that a dying person and his/her family go through: denial, anger, bargaining, depression, and acceptance. Discuss each of the stages.

a. Explain the mourning process.
b. React to the statement: "Grief is not a sign of weakness but a normal human reaction to separation from a loved person."
d. How can we help a person cope with dying and death?

Topic 4: SUICIDE
a. Discuss the types of events that trigger a suicide attempt.
b. What are the signs of psychological disturbance leading to suicide?
c. What are some guidelines for communicating with someone who seems suicidal?

Student Information

ADJUSTING TO DEATH--A SUMMARY OF LEARNINGS

Learning that one has a terminal illness is a very traumatic experience. There are certain emotional responses that both the ill person and the family will have as they attempt to cope with dying and death. If a family loses a loved one unexpectedly, the survivors will go through these same emotional responses. The following stages of emotional response have been identified by authorities who have studied death and dying:
--denial and isolation
--anger and rage
--bargaining
--depression
--acceptance and peace

Dying people in our society now can have better physical care than ever before. But many people feel that personal care for the dying has been pushed in the background. It is largely the responsibility of family and friends to provide emotional support for the dying. Read the following suggestions for helping the terminally ill person and family members, including children, cope with the process of dying and death.

Ways to Help the Dying Person Cope With Death

1. Look for signs of the stages of emotional response to death and dying. Accept these responses and remember that each stage is normal as the person comes to accept death.

2. Do not avoid the terminally ill person. He/she needs to feel understood and reassured of the love of family and friends. However, respect the person's wishes to be left alone at times.

3. Provide a comfortable environment and administer medications as prescribed by the doctor. Encourage the person to get some exercise and to eat properly (if at all possible).

4. Provide opportunities for the person to talk to a clergyperson or a health professional about death.

5. Respect the person's wishes to die in dignity. Some terminally ill persons would rather do without the various special life support devices, especially when they know that they have very little time to live.

6. Avoid false good cheer. This only deepens the person's fear and anxiety about dying and death.

7. Talk to a health professional or a clergyperson about what to say to the person about death and what to avoid saying.

8. Keep household routines as normal as possible.

Ways to Help Children Cope With Dying and Death

1. Be honest about the dying or death of a family member or friend. Never give a child an explanation that you cannot accept yourself. If the family does not practice a religion on a regular basis, avoid explaining death in connnection with religion. Such an explanation may only confuse the child and perhaps cause a negative outlook or fear of religion in later life.

2. Allow the child to help with the dying family member in any way possible. This helps the child to understand and accept the dying process. It also helps the dying person to be comforted and to feel loved.

3. Respect the child's feelings of anger, depression, grief, etc. Allow the child to express anger or other emotions.

4. Answer the child's questions about death in a calm, natural tone of voice. Explain answers in terms that the child will understand. Although it is healthy to show emotion, if you are extremely upset wait until you are in better control before talking about death with the child. Your emotions may arouse fears in the child.

5. Anticipate changes in the child's behavior.

6. Make things appear no better or no worse than they are. Some examples of what you might say include the following:

   "He was old and his body wore out."

   "Some diseases are curable, others are not. She had one we can't cure yet, so she died. Maybe someday we will be able to cure other people who have the same disease."

   "We won't see him again, but we surely have wonderful memories to think about."

7. Meet individual needs. Some children need to be hugged and physically comforted. Others need to be left alone for awhile.

8. Allow the child to share in the grieving process and to attend the funeral. Never force a child to attend a funeral or look at or touch a body. But allow the child to do so if he/she wants to do so.

Ways to Help Other Family Members Cope With Death

1. Encourage other family members to openly express their own feelings about the dying and death of a loved one.

2. Accept their feelings and expressions of grief. Allow them to show their anger and rage or to express denial and fears.

3. Encourage them to read books about death and dying.

4. Encourage them to talk to their clergyperson or a health professional about their feelings.

5. Encourage the family members to attend meetings on thanatology, the study of death and dying.

6. Encourage them to attend organized group meetings that may be available in the community, such as The Candlelighters, a group that provides counsel to families of children stricken with cancer, or the National Foundation of Sudden Infant Death Syndrome (SIDS).

7. Beware if family members suffer too long from deep grief over the death of a loved one. If this continues for

more than two months, encourage them to seek the help of a health professional.

8. Keep the household routines as normal as possible.

9. After the death of a family member, maintain discipline in the home.

10. After the death of a family member, continue a structured family life style. This helps the family to pull together and go onward rather than burying themselves in grief.

11. After the death of the mother of young children, encourage the widower to hire a housekeeper/babysitter. Or suggest that a family member come in to help get the household back in order and a normal family routine established again.

12. After the death of a spouse, discourage the remaining partner from dating too soon. Some persons remarry soon after the death of their partner because they cannot stand being alone. Later they often find that they have made a serious mistake in selecting a new mate. Or they may expect their new mate to be like their deceased spouse. Both situations are unfortunate and can cause further emotional upset and problems.

Student Self-Check

COPING WITH DEATH

Directions: On a separate sheet of paper, answer the following questions. Check your answers against those provided on p. 9.

1. List the five common stages of emotional response that dying persons and their families often experience.

2. List four ways to help a dying person cope with death.

3. List four ways to help children cope with dying and death.

4. List four ways to help other family members cope with death.

Student Self-Check

ANSWERS
COPING WITH DEATH

1. --denial
   --anger
   --bargaining
   --depression
   --acceptance

2.-4.
   Refer to Student Information, ADJUSTING TO DEATH--A SUMMARY OF LEARNINGS, pp. 6-8, for the answers to these questions.

Evaluator's Final Checklist

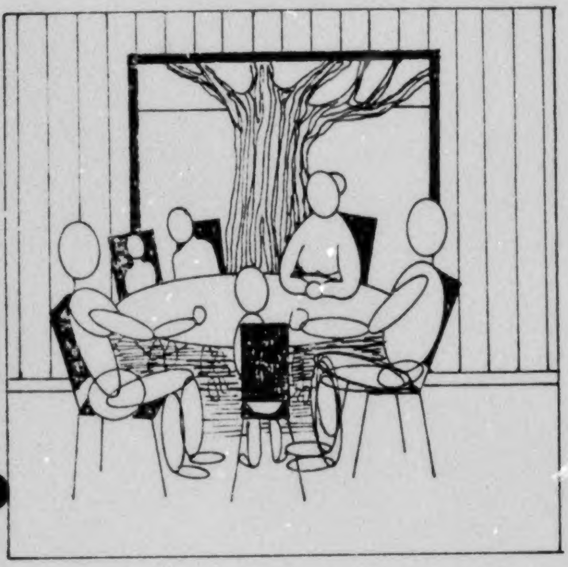
ADJUSTING TO DEATH

Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
The student completed the Check-Out Activity Sheet with 80% accuracy	( )	( )	( )

HUMAN DEVELOPMENT

PLANNING A FAMILY



INTRODUCTION

Parenthood involves a lot of responsibility. For successful parenting, it is best to plan to have a family when you are best prepared to take care of it. This means planning ahead. In this module you will learn how to prepare and plan for parenthood. You will also learn about alternatives to having your own children. This includes adoption and caring for foster children.

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVE

When you finish this module, you will be able to complete a test about planning a family with 80% accuracy.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, PLANNING A FAMILY.

LEARNING ACTIVITIES

1. READ Student Information, PREPARATION FOR PARENTHOOD, p. 3,

   (and/or)________________.

2. BRAINSTORM with others in your class reasons for having or not having children,

   (and/or)_______________.

3. READ Student Information, READINESS FOR THE FIRST CHILD, p. 4,

   (and/or)_______________.

4. LIST all of your activities for a twenty-four hour period. IMAGINE that you have been selected "Parent for a Day." REVISE your schedule to include the responsibilities of parenthood. SHARE your revised schedule with the class,

   (and/or)_______________.

5. INTERVIEW a parent and DISCUSS adjustments to the first child, multiple births (twins, triplets, etc.), and/or spacing of children,

   (and/or)_______________.

6. COMPLETE Student Self-Check, BECOMING A PARENT, p. 4-5.

7. READ about adoption in a reference provided by your instructor,

   (and/or)_______________.

8. READ Student Information, FOSTER PARENTING, p. 5,

   (and/or)_______________.

9. LISTEN to a parent of an adopted or foster child or a social worker speak on the (1) reasons for adoption or foster care, (2) the problems of adoption or foster care, and (3) the procedures for adoption or foster care. SUMMARIZE in writing points brought out by the speaker(s). HAND IN your summary to your instructor,

   (and/or)_______________.

10. IDENTIFY and DISCUSS the agencies that deal with adoption and foster children and the procedures to follow for adoption and foster parenting,

   (and/or)_______________.

11. COMPLETE Student Self-Check, ADOPTION AND FOSTER CARE, p. 5.

Student Information

PREPARATION FOR PARENTHOOD

Dr. John Ellis

In the past, it was assumed that all couples who married would have children. This is no longer true. In the United States today, to have or not to have children is a matter of choice.

With today's birth control methods, a couple can determine if they will have children, the number of children they wish to have, and when they want to have them. This helps to avoid the problems of unplanned pregnancy. It also allows for spacing of children. Spacing the amount of time between each child is important because of the mother's health and the family's economy.

Today's birth control methods also allow a couple to choose never to have children. There are several reasons why some couples do not want to be parents. They:

--don't want the responsibility.
--don't want to contribute to over-population of the world.
—are afraid of pregnancy and child birth.
--had unhappy childhood memories of family life.
--don't want children to interfere with their careers.

If you choose to become a parent, you should first know and understand yourself. Consider the values and goals in your life and how they will affect a child. The desire to love and the ability to care for a child are extremely important.

There are many responsibilities involved in being a parent. There is also a lot of satisfaction. The life style of a couple usually changes with the arrival of the first child. Parenthood often comes before a couple is physically, financially, psychologically, and/or emotionally prepared. For unprepared parents, an infant can cause serious problems.

A couple should establish a stable relationship in a marriage before deciding to become parents. Studies show that most couples need at least a year to adjust to each other before beginning a family. Preparation for parenthood is very important.

Student Information

READINESS FOR THE FIRST CHILD

Although it is difficult for one person to tell another when he/she is ready for parenthood, there are a few readiness factors that should be considered. These factors include:

--physiological readiness.
--economic readiness.
--psychological readiness.

In order to have a healthy pregnancy a woman should be physically mature. Many young people are becoming parents during the teen years. However, even though the ability to reproduce comes during the early teens, the female is normally not physically mature. Many young females have difficult pregnancies because of physical immaturity.

You might ask, "What is the best age to have children?" The results of studies indicate that the best child-bearing years are from 23 years to 30 years of age for the female. They are fully mature by this time.

Prospective parents should consider the cost of having and rearing a child. The initial costs begin with prenatal care. Postnatal care and rearing the child to adulthood must also be considered. It is important for every child to have emotional, social, and intellectual care, as well as physical care. All of the stages of growth and the child's needs should be considered during the family planning.

During the first year or so of a marriage, the couple may feel that they need time to adjust to married life. Having a child during this adjustment period may put a psychological strain on the marriage. Many partners feel that a third person in their life would limit them in establishing themselves as a couple in social circles.

Some couples may want to start a family as soon as possible. This may be true of couples who have dated steadily for several years and are ready to settle down to family life. Older newly-weds may feel that they need to start a family as soon as possible because of the limited time that the wife may have for successful childbearing.

There are a few cases in which one of the marriage partners feels that having a baby would solve marital problems, that a baby would help cement a nearly broken relationship. However, a baby rarely solves problems or mends a marriage on the point of break-up. Actually, having a baby only adds to the problems as well as threatening the happiness of the child.

Student Self-Check

BECOMING A PARENT

Directions: On a separate sheet of paper, number from 1 - 5. The sentences below are true and false statements. Decide which ones are true and which ones are false. Every sentence has underlined word or words. If the statement is true, write "T" beside the number on your paper. If it is a false statement, make it true by writing the correct word that replaces the underlined word(s) beside the number on your paper. Check your answers against those provided on p. 6.

1. Studies show that the best time physiologically for having a baby is between about ages twenty-three and thirty.
2. Having a baby usually helps solve marriage difficulties.
3. In the United States, to have or not to have children is considered a matter of choice.
4. Birth control methods allow a couple to choose never to have children.

5. The lifestyle of a couple does not change with the arrival of the first child.

Student Information

FOSTER PARENTING

Foster care is the placement of a child into a home with foster parents. Foster parents have no legal or blood ties to the child. The care they provide is usually temporary.

There are several reasons for a child being placed in a foster home. The two main reasons include the following:
--The natural parent(s) are unable to care for the child for a period of time.
--The natural parent(s) neglect or abuse the child and the court takes action to protect the child.

Foster families usually have decided to open their homes to children in need because they feel compassion for them. Although some foster parents are sometimes accused of trying to make money from rearing foster children, this is rarely the case. The foster family is paid a small amount by the county and state. The amount of money usually barely covers the cost of the child's food and clothing.

Foster parents have to be evaluated by an approved social agency before they can be considered for foster care. To be a licensed foster home, the parents must meet the following qualifications:
--Be in good health
--Have a regular income
—Have space in their home for the child
--Be warm and capable of loving the child

Foster parenting can be a rewarding parenting experience. It usually requires more patience and flexibility than is required by natural children. This is because foster children often have emotional and psychological problems due to their crisis situation. Foster parents often experience a great deal of sadness when a child is ready to leave them. Although they are happy that a permanent family situation is available for the child, they will miss caring for him/her.

Student Self-Check

ADOPTION AND FOSTER CARE

Directions: Answer the following questions on a separate sheet of paper. Check your answers against those provided on p. 6.

1. List two reasons for adoption.

2. List three factors that give rise to problems of adjustment that all adopted children must face.

3. What is the difference between adoption and foster care?

4. Why are children placed in foster homes? Give two reasons.

5. Give three conditions that foster parents must meet.

Student Information

STEP FAMILIES

Directions: Using the reference provided by your instructor, find the answers to the following question about step families.

List factors that influence a child's relationship with the stepparent(s).

Student Self-Check

ANSWERS
BECOMING A PARENT

1. True
2. Does not
3. True
4. True
5. Does

Student Self-Check

ANSWERS
ADOPTION AND FOSTER CARE

1. --Some people cannot have children of their own.
   --Some people adopt rather than add to the population by having their own children.
   --Some single people adopt children to have a family.

2. --Understanding why they are not with their natural parents
   --The way other relatives, neighbors, and friends of the family feel about adoption and children who are adopted
   --How other children react to the adopted child
   --How the natural born children feel about the adopted child
   --The manner in which the parents tell the child that he/she is adopted

3. Adoption is the process of making a child one's own through legal procedure. Foster care is the placement of a child into a home with the foster parents having no legal or blood ties to the child. Foster care is usually temporary.

4. --The natural parent(s) are unable to care for the child for a period of time.
   --The natural parent(s) neglect or abuse the child.

5. --Be in good health
   --Have a regular income
   --Have space in their home for the child
   --Be warm and capable of loving the child

Evaluator's Final Checklist

PLANNING A FAMILY

Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
The student completed the Check-Out Activity Sheet with 80% accuracy	( )	( )	( )

HUMAN DEVELOPMENT

THE EXPECTANT FAMILY

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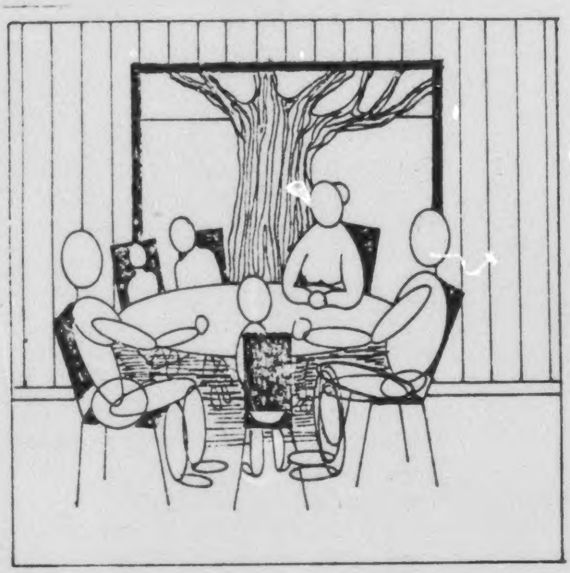

INTRODUCTION

Pregnancy is usually a very special time in the life of the expectant father, mother, and child(ren). Any couple planning a baby needs to know the care the expectant mother must have, the expenses they will face, the decisions they must make, the problems to resolve, and the many new experiences they will likely have. Preparation for the arrival of the baby requires that the whole family work together. In this module you will learn what it is like to be an expectant parent. You will also learn how to relate to other family members in order for the experience to be a pleasant one for all.

Read the Objective. If you feel that you are able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVE

When you finish this module, you will be able to complete a test relating to the expectant family with 80% accuracy.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, THE EXPECTANT FAMILY.

LEARNING ACTIVITIES

1. ROLE PLAY being an expectant parent with a classmate. DESCRIBE the special care, changes, and adjustments you believe expectant parents would experience,

   (and/or)______________.

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2. READ Student Information, CHARACTERISTICS OF PREGNANCY, pp. 3-4,

   (and/or)________________.

3. READ Student Information, MEDICAL CARE DURING PREGNANCY, pp. 4-6,

   (and/or)________________.

4. COMPLETE Student Self-Check, SO YOU'RE PREGNANT, p. 6.

5. READ about adjusting to pregnancy in a reference provided by your instructor,

   (and/or)________________.

6. LISTEN to resource persons explain adjustments during pregnancy,

   (and/or)________________.

7. READ about preparing another child for a new baby in references provided by your instructor,

   (and/or)________________.

8. COMPLETE Student Self-Check, PREPARING FOR THE BABY, p. 6.

9. READ about health care of the mother during pregnancy in a reference provided by your instructor,

   (and/or)________________.

10. VIEW and DISCUSS a filmstrip, provided by your instructor, about the importance of good nutrition during pregnancy,

    (and/or)________________.

11. READ Student Information, EFFECTS OF DRUGS, ALCOHOL, AND SMOKING ON THE FETUS, pp. 6-7,

    (and/or)________________.

12. COMPLETE Student Self-Check, THE HEALTH OF THE MOTHER AND THE FETUS, pp. 7-8.

13. READ about the costs of having a baby in references provided by your instructor. MAKE a list of these expenses. RESEARCH to find what these items would cost in your community. DETERMINE the cost involved from conception through the first month after birth,

    (and/or)________________.

14. WORK with your instructor to plan and carry out a related FHA/HERO activity,

    (and/or)________________.

15. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

Student Information

CHARACTERISTICS OF PREGNANCY

Signs of Pregnancy

Pregnancy may occur several weeks before a female notices any signs or symptoms. At first, nothing feels different. Then, a number of signs of pregnancy may occur. She may have one or more of these symptoms during the first few months. (However, a woman may have one or more of these same symptoms and not be pregnant.)

A female who has had sexual intercourse in the previous month may suspect that she is pregnant if she:

--misses her normal menstrual flow.
--is unusually tired even after plenty of rest.
--has to urinate frequently.
--has tender or slightly enlarged breasts.
--has a change in her appetite.
--feels nauseated and/or has an upset stomach.

Common Discomforts of Pregnancy

Many women say they feel better during a pregnancy than any other time. Others have certain discomforts. Some common discomforts that a female may experience sometime during pregnancy include the following:

--Morning sickness. Many expectant mothers have what is called "morning sickness" in the first months of pregnancy. It usually occurs right after getting up in the morning. If there isn't excessive vomiting, it can be relieved by a special diet and rest. Keeping the stomach full of solids will usually overcome morning sickness. It is good to have crackers close by and eat one whenever the stomach starts to get upset. Excessive vomiting may require medical treatment.

--Other digestive discomforts (such as gas, heartburn, indigestion, and heart palpitation). These discomforts are usually caused by some particular food in the diet. Not eating that food stops the problem.

--Varicose veins. Certain veins in the legs become swollen and painful. This results from poor circulaiton of the blood.

--Hemorrhoids. Hemorrhoids are varicose veins of the rectum. They often cause itching and bleeding, and may be extremely painful. They result from straining over the hard stools of constipation.

--Itching of body and vagina. Pregnant women sometimes complain of itching skin. This may be helped by adding baking soda to the bath water. Any itching of the vagina should be mentioned to the doctor. Once the cause is determined, it can be treated.

--Vaginal discharge. In the later months of pregnancy there may be a thin, yellow discharge from the vagina.

--Skin spots and brittle hair. There may be brown spots on the face. These will leave after delivery. In the latter part of pregnancy the hair may become brittle. After the pregnancy, the hair will return to its normal state.

--Muscle cramps in the thighs and leg muscles. This is caused by insufficient blood circulation and by using muscles not normally used.

--Swelling of feet and ankles. Swelling occurs because of sitting or standing for a long time. Swelling will usually disappear by lying down and raising the legs with pillows.

--Shortness of breath. This is caused by the baby's growth. As the baby grows, it presses on vital organs and makes breathing more difficult.

--Frequent urination. This results because of pressure from the growing uterus. It is common during the first three months and last three months of pregnancy.

--Backache. Backaches are caused by adjusting the posture to support the heavy abdomen. Doing exercises to strengthen the lower back muscles and using a firm mattress will help relieve the pregnant woman.

--Edema. This condition is due to the excessive collection of fluids in body tissues. It causes swelling to occur. If the legs and feet begin to swell, the expectant woman should try to stay off her feet. She should elevate her legs and feet periodically throughout the day. If edema causes other body parts to swell, a doctor should be consulted.

--Difficulty in sleeping. Sometimes during late pregnancy, the expectant woman will have difficulties in sleeping. Such sleeplessness is usually due to the increased bulk of the body or the baby's increased activity in the uterus. A walk or a warm shower before bedtime sometimes helps the expectant woman rest better.

Student Information

MEDICAL CARE DURING PREGNANCY

Proper medical care during pregnancy is critical and can help safeguard the well-being of both mother and baby. After a female suspects she is pregnant and has missed at least one menstrual period, she should select and visit a doctor to confirm her belief.

Selecting the Doctor

A doctor's appointment should be made with the family doctor or a gynecologist (a doctor who specializes in medical care of the female). The woman may be referred to an obstetrician (a doctor who specializes in pregnancy and childbirth). When a person moves to a new location, the task of selecting a doctor may be difficult. Friends may have recommendations or the county medical center or the "Directory of Medical Specialists" at the public library can be helpful.

The doctor chosen is important. This is the beginning of a close and long relationship between the mother, the father, and the doctor. The expectant parents should have a long talk with the doctor before they place the mother in his/her care. The doctor will be acting as the medical advisor and counselor during the months of pregnancy.

The Visit to the Doctor

Before the day of the first appointment, the doctor may ask that the woman have a pregnancy test. This may be done in a laboratory, the doctor's office, or at a local hospital. There are two types of pregnancy tests:

(1) Urine test. After a woman has become pregnant, her body begins to excrete pregnancy hormones into the urine. A urine sample is collected and tested for the presence of these hormones. A kit is now available in drug stores that can be used at home to test and determine pregnancy. The test can also be performed in a laboratory or doctor's office.

(2) Blood test. Blood is taken and tested. If the female is pregnant, hormones produced during pregnancy are normally found in the blood.

Any pregnancy test can be wrong. Sometimes a woman is pregnant but it does not show up in the test. In the case of a negative test, and the woman still suspects that she is pregnant, the test should be repeated in about a week. Occasionally the pregnancy test results are positive and the woman is not really pregnant. In this case the body has hormones that are the same as those found when pregnant.

On the day of the first prenatal (before birth) examination, the woman needs to talk frankly with the doctor and ask questions. The following points should be discussed:

--the options of childbirth: methods of delivery, anesthetics used, costs involved.
--the kinds of prenatal education available.
--the doctor's views on breastfeeding.
--the hospital where delivery will take place and the hospital's policies on rooming-in (keeping the baby in the room with the mother rather than in the nursery).
--whether there will be other doctors working on the case.
--where the doctor can be reached in case of an emergency.

During the initial visit the doctor will:

1. Get a complete medical history, including menstrual history, illnesses, and any surgery.

2. Give a complete physical exam including a blood test for syphilis, blood type, and RH factor.

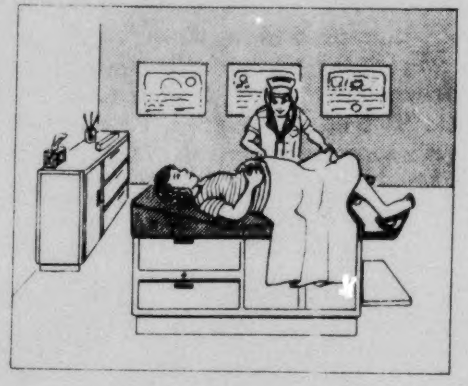
3. Determine pelvic measurements and make an internal examination of the uterus.

4. Give an estimated delivery date (9 months from date of beginning of last menstrual period plus 7 days).

5. Set dates for additional visits (usually monthly) to keep a check on weight, blood pressure, urine, and problems or questions that may arise.

6. Suggest a proper diet and recommend amount of weight gain. Proper weight gain is approximately 9 to 11kg (20 to 25 lbs).

The doctor needs the cooperation and frankness of the expectant parents to provide the best possible care for mother and infant.



The doctor will make checks on the expectant mother's physical condition during follow-up visits. He/she will check the following:
--the urine
--the blood pressure
--the feet and legs for swelling and varicose veins
--the growth of the fetus and uterus
--the baby's heartbeat
--the mother's weight

Student Self-Check

SO YOU'RE PREGNANT

Directions: On a separate sheet of paper answer the following questions. Check your answers against those provided on p. 9.

1. List four of the signs of pregnancy.
2. List four of the common discomforts of pregnancy.
3. A doctor who specializes in pregnancy and childbirth is an ________.
4. There are two types of pregnancy tests. Name them.
5. List two things that the doctor will do during the initial visit to begin medical care for pregnancy.

Student Self-Check

PREPARING FOR THE BABY

Directions: Now that you have completed the readings in Learning Activities 5 and 7, answer the following questions on a separate sheet of paper. Check your answers against those provided on p. 9.

1. Many changes occur during pregnancy.
   a. Name one physiological change.
   b. Name one emotional concern.
2. What can a parent do for the child who feels replaced by the new baby?

Student Information

EFFECTS OF DRUGS, ALCOHOL, AND SMOKING ON THE FETUS

There is alarming evidence that drugs, alcohol, and smoking are dangerous to the unborn baby. This is especially true during the first three months of pregnancy. It is important that females learn these dangers so that they can change their habits before they become pregnant.

Drugs

Some drugs taken during pregnancy cause birth defects and infant deaths. Drugs are generally classified as:

--those oral medicines and immunizations prescribed by a doctor.
--over-the-counter medicines such as aspirin, laxatives, nosedrops, headache and cold medicines, and vitamins.
--"hard" or "street" drugs such as LSD, herione, morphine, barbiturates, and amphetamines.

Some doctors do not want their pregnant patients to take any drugs, especially during the first three months of pregnancy. The doctor should always be consulted before taking any type of medication. His/her advice should be taken.

Practically any kind of drug can potentially affect the development of the fetus. An example of the horrible effects of drugs on fetal development occurred in Europe in the 1960's. Several doctors prescribed a drug called thalidomide to pregnant women to help them overcome morning sickness. It was also an effective sleeping pill and tranquilizer. The effects of this drug on fetal development resulted with babies being born with no arms and legs or with hands sprouting directly from the shoulders. Other physical defects were found that affected the face, ears, and the internal organs. This is an extreme case of how drugs can affect

310

fetal development, but it serves as a reminder of the defects and possible death of infants due to drug intake.

Any pregnant woman who uses narcotics is passing them through her blood stream to the baby she carries. If she is addicted to a narcotic, her baby will also be addicted and must suffer through withdrawal symptoms after birth.

Alcohol

Alcohol is another drug that can also affect fetal development. Some babies are born with a condition called "fetal alcohol syndrome." This condition is a result of the mother drinking alcoholic beverages during pregnancy. Babies who have this condition have narrow eyes, low nasal bridges, and short upturned noses. The affected newborn will also have poor muscle coordination, be smaller than normal, have an unusually small head, and may have heart defects and degrees of mental retardation.

How much alcohol can a pregnant woman safely drink? It is known that 180ml (6 oz.) per day is too much. Many doctors believe that pregnant women should avoid all alcoholic beverages.

Smoking

Nicotine, which is found in cigarettes is also a drug. It can affect fetal development. It is hard to say how much a pregnant woman can smoke without harming her baby. Stillbirths, low birth weight, and early infant deaths occur more often when mothers smoke during pregnancy. Smoking mothers also have a greater chance of miscarriages and premature deliveries. Evidence of these facts is described by this case:

> Nancy had been a heavy smoker since high school. Her first pregnancy seemed normal, although her doctor did urge her to cut down on smoking. But Nancy continued to smoke heavily. Her baby was born dead, full term yet more than two pounds lighter than average nine-month babies. Nancy was understandably upset. She later read an article which stated there is strong evidence that smoking mothers have a significantly greater number of unsuccessful pregnancies due to stillbirth and death. Nancy learned too late that she should have listened to her doctor.

It is easy to see that it is best not to smoke during pregnancy. Pregnant women who continue to smoke should at least use this one precaution: Since most tar and nicotine is inhaled as the cigarette burns down, it is better to smoke the cigarette only half way down.

Remember this: In a study of 7,500 patients, the incidence of premature births and spontaneous abortions (those not induced) was nearly twice as great among smoking mothers.

Student Self-Check

THE HEALTH OF THE MOTHER AND THE FETUS

Directions: On a separate sheet of paper answer the following questions. Check your answers against those provided on p. 9.

1. An expectant mother needs plenty of rest. She needs a minimum of _____ hours of sleep each night and several rest periods during the day.

2. (True False) The activities of the expectant mother should be kept much the same as they were before pregnancy.

3. Clothing for the pregnant woman should be _______.

4. Good _______ is the most important factor in prenatal care. The mother should get the recommended daily requirements of the Basic Four Food Groups.

5. (True False) The adolescent girl should practice good nutrition since it will affect the children she will have in the years that follow.

6. When is drugs, alcohol, and smoking especially harmful to the fetus?

7. (True False) Over-the-counter drugs are safe for an expectant mother to take.

8. (True False) An expectant mother who is addicted to a narcotic will have a baby who is addicted to narcotics.

9. List three characteristics of a baby suffering from "fetal alcohol syndrome."

10. List two effects of smoking on the fetus or newborn.

Student Self-Check

ANSWERS
SO YOU'RE PREGNANT

1. --Misses normal menstrual flow
   --Is usually tired even after plenty of rest
   --Has to urinate frequently
   --Had tender or slightly enlarged breasts
   --Has a change in her appetite
   --Feels nauseated and/or has an upset stomach

2. --Morning sickness
   --Digestive discomforts such as gas, heartburn, indigestion, and heart palpitation
   --Varicose veins
   --Hemorrhoids
   --Itching of body and vagina
   --Vaginal discharge
   --Skin spots and brittle hair
   --Muscle cramps
   --Swelling of feet and ankles
   --Shortness of breath
   --Frequent urination
   --Backache
   --Edema
   --Difficulty in sleeping

3. Obstetrician

4. --Urine test
   --Blood test

5. --Get a complete medical history.
   --Give a complete physical exam.
   --Determine pelvic measurements and make an internal examination of the uterus.
   --Give an estimated delivery date.
   --Set dates for additional visits.
   --Suggest a proper diet and recommend amount of weight gain.

Student Self-Check

ANSWERS
PREPARING FOR THE BABY

1. a. Body change due to the growing fetus.
   b. --The father may worry as to whether or not he will be a good father.
   --Both parents may worry about finances.
   --Glandular changes in the mother may cause mood changes that need to be accepted and coped with.
   --Changes in body size can cause the female to worry about how her husband feels about her.
   --Deciding whether the working mother will return to work after the birth of the infant may cause some concern for mother and/or father.

2. --Help the older child to feel that the baby belongs to him/her too.
   --Give the child responsibilities for helping to prepare and to care for the baby.
   --Give the child as much attention as possible. Don't make too big a fuss over the new baby.

Student Self-Check

ANSWERS
THE HEALTH OF THE MOTHER AND THE FETUS

1. Eight

2. True

3. Comfortable

4. Nutrition

5. True

6. During the first three months of pregnancy

7. False

8. True

9. --Narrow eyes
   --Low nasal bridge
   --Short, upturned nose
   --Poor muscle coordination
   --Degrees of mental retardation
   --Unusually small head
   --May have heart defects
   --Be smaller than normal

10. --Stillbirth
    --Low birth weight
    --Early infant death
    --Premature delivery

Evaluator's Final Checklist

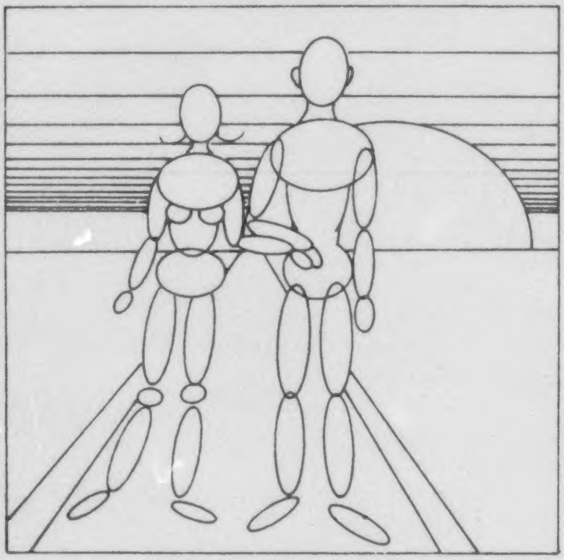
THE EXPECTANT FAMILY

Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
The student completed the Check-Out Activity Sheet with 80% accuracy	( )	( )	( )

HUMAN DEVELOPMENT

PREGNANCY



INTRODUCTION

The process of pregnancy is a miraculous and interesting part of human nature. Everyone needs some basic understanding of this process. Pregnancy begins when a mature male sperm fertilizes a mature female egg (ovum). In this module, you will learn about the physical changes in the expectant mother, the period of prenatal development, and some of the problems of pregnancy.

Before you start to work on this module, be sure you have completed HD-5, "The Parts and Functions of the Human Reproductive Systems."

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVE

When you finish this module, you will be able to complete a test about pregnancy with 80% accuracy.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, PREGNANCY.

LEARNING ACTIVITIES

1. RESEARCH the questions on Student Information, PRENATAL DEVELOPMENT, p. 3, in a reference provided by your instructor,

   (and/or)_______________.

2. VIEW filmstrips or slides, provided by your instructor, about prenatal development. DISCUSS prenatal development with classmates,

   (and/or)________________.

3. READ about common questions concerning childbirth in a reference provided by your instructor. DISCUSS each question with a group of classmates,

   (and/or)________________.

4. READ Student Information, PROBLEMS DURING PREGNANCY, pp. 3-5,

   (and/or)________________.

5. CHECK YOUR KNOWLEDGE by completing Student Self-Check, FACTS ABOUT PREGNANCY, p. 5.

6. WORK with your instructor to plan and carry out a related FHA/HERO activity,

   (and/or)________________.

7. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

Student Information

PRENATAL DEVELOPMENT

Directions: Research the following sentences using the reference suggested by your instructor. Write your answers on a separate sheet of paper. Check your answers against those provided by your instructor.

1. Define the word "prenatal."
2. The period of the ovum is the first stage of life for a human baby and takes approximately __________ weeks.
3. What happens during the period of the ovum?
4. The mass of cells that develop from a single cell dividing is called the __________.
5. The period of the embryo lasts about __________ weeks.
6. How is the embryo nourished (fed)?
7. What is "amniotic fluid?"
8. The third and last stage of pregnancy is called the __________ period. It begins at about the ninth week of pregnancy and lasts until birth.
9. List the developmental characteristics of the fetus by the end of the third month.
10. List the changes that are occurring in the mother's body during the first three months.
11. List the developmental characteristics of the fetus by the end of the fifth month.
12. What is meant by the word "quickening?"
13. What is "vernix caseosa?"
14. What is meant by the word "lightening?"

Student Information

PROBLEMS DURING PREGNANCY

Pregnancy should not be treated as an illness. Life for the expectant mother should be about the same as before the pregnancy. Some women feel better during pregnancy than they do at any other time in their life. Others may feel discomforts such as morning sickness, varicose veins, hemorrhoids, muscle cramps, frequent urination, etc. These discomforts are minor problems and are to be expected because of the changes that are rapidly taking place in the mother's body. The expectant woman can tell the obstetrician or other health professional about these discomforts during the regular check-up.

Danger Signals in Pregnancy

Some symptoms of problems in pregnancy should be reported to the doctor immediately. These symptoms indicate an emergency:

--Bleeding from the vagina.
--Severe nausea with vomiting more than three times in an hour.
--Continuing or severe headache.
--Swelling or puffiness of the face or hands or marked swelling of the feet or ankles. (A certain amount of swelling is not unusual.)
--Blurring of vision or spots before the eyes.
--An increased, unusual thirst with marked decrease in the amount of urine passed.
--Pain or burning on passing urine.
--Chills.
--Fever of 38°C (100°F) or more, not accompanied by a common cold.
--Sharp or continuous abdominal pains that are not relieved by a bowel movement.
--A sudden gush of water from the vagina before the baby is due.

--Any accident, hard fall, or other trauma. Some of the above danger signals indicate a possiblility of a miscarriage, toxemia, or urinary infections.

Miscarriage

A miscarriage means that the fetus is born before it can survive outside the mother's body. Miscarriages usually occur during the second or third month of pregnancy. A miscarriage is nature's way of ending a pregnancy because the fetus has a biological problem. In fact, studies show that 80% of the miscarriages reveal a deformity or a biological malfunction that would make the child unable to survive a normal life.

Toxemia

Nobody has defined toxemia satisfactorily, but the doctor knows what it does, why it must be treated early, and how to treat it. Symptoms of toxemia include:
--headaches
--blurred vision
--sudden weight gain
--reduced urination
--a rise in blood pressure
--presence of albumin in the urine

Toxemia is a problem that can usually be avoided if the expectant mother watches her diet and keeps appointments with her doctor. The doctor will take a urine specimen, record the blood pressure, and weigh the mother-to-be during each visit to determine whether she has toxemia.

Urinary infections

Urinary infections are caused when the normal path of urine through the kidneys and bladder is blocked and waste material is backed up in the body. Symptoms of a urinary infection include:
--chills
--fever
--possible swelling and pain in the legs
--urge to urinate every five to ten minutes
--burning sensation during urination
--decrease in the amount of urine passed

The doctor will prescribe a medication to clear up the infection and will have the mother to drink eight to ten glasses of water a day to flush out the germs in the kidneys and/or bladder.

Special Problems

The doctor will plan special care and observation during and after pregnancy if the expectant mother has any of the following special problems:
--is under eighteen or over thirty-five years of age.
--has metabolic disorders such as diabetes or hyperthyroidism.
--has a venereal disease or tuberculosis.
--has a family history of genetic diseases (inherited diseases).
--has Rh blood incompatibility disease. (A disease that results when an Rh positive male and an Rh negative female have more than one child. The mother's body produces antibodies incompatible with the blood cells of the fetus. The baby may be mildly affected, may suffer from mental retardation or physical defects or may be stillborn.)
--has abnormalities of the pelvic organs.
--has a history of miscarriage, premature delivery, stillbirth (infant born dead), or toxemia during other pregnancies.

Things to Avoid

The doctor will advise the expectant mother about her health and care during pregnancy. There are several things that a woman should avoid if there is any possibility that she is pregnant.

1. Avoid taking any medications, especially antibiotics, pep pills, diet pills, sleeping pills, and tranquilizers, unless the doctor has prescribed them.

2. Avoid having any X-rays of the abdomen during the early part of pregnancy.

3. Avoid persons who are ill. Especially avoid catching rubella. Rubella (German measles) can cause serious damage to the fetus.

4. If there is a cat in the home, the expectant mother should not empty the litter box. Toxoplasmosis, a mild infectious disease which can cause birth defects, could be present in cat feces.

Special Tests

When the expectant mother goes to the obstetrician (or the health professional in the prenatal clinic) for regular check-ups, she will have certain routine tests made in order to determine the progress of her pregnancy. Other tests may also be given, if necessary, to obtain more information about the pregnancy.

Amniocentesis is a process of obtaining fluid and cells from the amniotic sac. (The amniotic sac is a protective bag of water within the uterus that surrounds the fetus during pregnancy.) The fluid is obtained by inserting a long, thin needle through the abdominal wall. This test can determine several things:
--the sex of the unborn baby
--the baby's stage of development when it is necessary to schedule a cesarean section
--congenital problems that might be present because they may have been inherited
--abnormalities in the fetus

Amniocentesis is performed when there is a history of genetic abnormalities or if a specific situation exists that requires closer investigation. The doctor will discuss this test with the expectant parents and will help them decide if it is necessary and appropriate. The doctor will tell them about the risks involved as well as the benefits of amniocentesis, what this test can and cannot accomplish, under what circumstances it is usually recommended, and when and how it is performed.

Ultrasound is another test that is performed to tell the doctor whether the baby is developing normally. It is also done as the first step in preparation for amniocentesis. Harmless, high-frequency sound waves are transmitted through the mother's abdonimal wall. The echos of the sound waves provide a picture of the fetal location and development and shows the location of the placenta. Ultrasound has largely replaced x-rays as a means of checking the baby's growth and position in the uterus.

Student Self-Check

FACTS ABOUT PREGNANCY

Directions: On a separate sheet of paper answer the following questions. Check your answers against those provided on p. 6.

1. What are the three stages of pregnancy?

2. List four changes that are occuring in the mother's body during the first three months.

3. The first feeling of life in the uterus is called __________.

4. List five symptoms that indicate problems in pregnancy.

5. List three things that a pregnant woman should avoid if there is any possibility that she is pregnant.

Student Self-Check

ANSWERS
FACTS ABOUT PREGNANCY

1. --period of the ovum
   --period of the embryo
   --period of the fetus

2. --The breasts become firm, full, and tender.
   --Frequent urination may occur.
   --She may be sleepier than usual.
   --She may have nausea.
   --She may have a smaller appetite.
   --Her abdomen is slightly larger.

3. Quickening

4. --Bleeding from the vagina
   --Severe nausea with vomiting more than three times in an hour
   --Continuing or severe headache
   --Swelling or puffiness of the face or hands or marked swelling of the feet and ankles
   --Blurring of vision or spots before the eyes
   --An increased, unusual thirst with marked decrease in the amount of urine passed
   --Pain or burning on passing urine
   --Chills
   --Fever of 38° C (100°F) or more, not accompanied by a common cold
   --Sharp or continuous abdominal pains that are not relieved by a bowel movement
   --A sudden gush of water from the vagina before the baby is due
   --Any accident, hard fall, or other trauma

5. --Avoid taking any medications unless the doctor has prescribed them.
   --Avoid having any X-rays of the abdomen during the early part of the pregnancy.
   --Avoid persons who are ill. Especially avoid catching rubella.
   --Do not empty a cat litter box (because of the presence of toxoplasmosis in cat feces).

Evaluator's Final Checklist

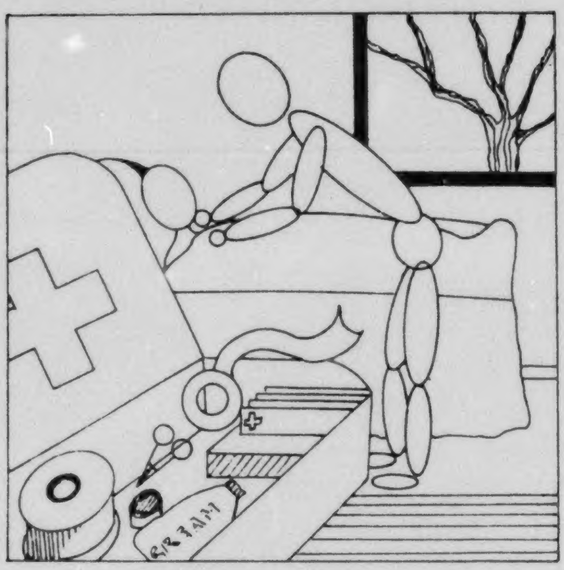
PREGNANCY

Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
The student completed the Check-Out Activity Sheet with 80% accuracy	( )	( )	( )

HUMAN DEVELOPMENT

LABOR AND DELIVERY



INTRODUCTION

The labor and delivery of a baby are hard work for the mother. The process will be easier if the mother knows what to expect. Special childbirth classes can be taken by expectant parents to prepare them for the birth process. Prepared fathers can be active participants in the birth of their children. In this module, you will learn about the labor and delivery part of childbirth.

Before you start to work on this module, be sure you have completed HD-32, "Pregnancy."

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVE

When you finish this module, you will be able to complete a teacher made test about labor and delivery with 80% accuracy.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, LABOR AND DELIVERY.

LEARNING ACTIVITIES

1. READ Student Information, PREPARING FOR CHILDBIRTH, pp. 3-5,

   (and/or)_______________.

2. LISTEN to a resource person tell about prenatal childbirth classes,

   (and/or)_______________.

3. RESEARCH Student Information, LABOR AND DELIVERY, p. 5, using references provided by your instructor,

   (and/or)_______________.

4. VIEW a filmstrip or slides, provided by your instructor, about the birth process. USE Student Information, DISCUSSION GUIDE--CHILDBIRTH, pp. 5-6, to discuss the information learned with classmates,

   (and/or)_______________.

5. PLAY the "Childbirth Word Game" with a group of class members according to the directions of your instructor,

   (and/or)_______________.

6. VIEW a filmstrip, provided by your instructor, about the emotional and psychological experience of childbirth. DISCUSS the feelings that parents experience during the birth of a child. Also DISCUSS the role of the father during birth,

   (and/or)_______________.

7. COMPLETE Student Self-Check, THE BIRTH PROCESS, p. 6.

8. WORK with your instructor to plan and carry out a related FHA/HERO activity,

   (and/or)_______________.

9. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

Student Information

PREPARING FOR CHILDBIRTH

During the months of pregnancy, the mother-to-be is preparing physically and emotionally for childbirth. Early during the pregnancy certain decisions and preparation must be made. These include the following:

--who will deliver the baby
--the place of the delivery
--the type of delivery method that will be used
--whether or not to attend childbirth education classes
--the preparation for the hospital stay
--the cost involved in each of the above

Who Will Deliver the Infant

Expectant parents generally have two choices of persons to deliver their child: a doctor or a nurse-midwife. Most people are more familiar with the delivery of the baby by a doctor. Some people prefer a nurse-midwife because they feel that the care will be more personal. For expectant parents who wish to have their baby at home, the nurse-midwife will help with the delivery. Nurse-midwives are registered nurses who have been trained to handle routine deliveries. They are either affiliated with a local hospital or they work under the supervision of an obstetrician.

The expectant parents should arrange for regular check-ups with the person who will be delivering the child. This way they will be able to get to know the doctor or the midwife and will feel secure and comfortable with that person. Also, the health professional can watch the expectant mother's physical condition and understand any fears she may have. He/-she will be better able to prepare for unexpected complications or a difficult pregnancy should this occur.

The Place of Delivery

There are several places that parents can consider for the delivery of their baby:

--a hospital
--a maternity care center
--a neighborhood birth center or clinic
--the home

The doctor or the nurse-midwife will advise the parents in making their choice.

Most people are familiar with the hospital for the delivery of the baby. The parents will need to select the hospital that they want to go to. Sometimes this will depend on the doctor's practice. The doctor often sets up a visit to the hospital for a pre-admission interview to help the parents know in advance the policies of the hospital. They can also find out about the procedures to follow when they arrive at the hospital for the delivery. They may want to ask the following questions:

--Will the father be allowed to stay with the mother during the labor and delivery?
--Does the hospital have a rooming-in policy?
--Will the other children in the family be allowed to visit the mother? Will they be allowed to see the baby?
--What are the costs of the services rendered by the hospital?

Maternity centers, neighborhood birth centers or clinics, and home delivery are becoming popular because of their home-like atmosphere and the lower costs. Visiting the center ahead of time and finding out about the policies and procedures is important in helping the parents know what to expect and to feel more secure about the delivery process. Having a baby at home will require special preparations for making the delivery area clean and sanitary for the newborn. The nurse-midwife will be able to help make preparations for the delivery. This includes plans for alerting the hospital about the need for emergency care of the mother and infant.

Whichever place is selected, plans should be made in advance. When the infant is to be delivered at a place other than the hospital, plans should be discussed and made in case of difficult deliveries or complications.

The Delivery Method

There are three types of delivery methods:

--natural
--anesthetized
--cesarean

Natural: With the natural birth method the mother usually goes through natural childbirth classes to help her learn to control her breathing and to help her learn to cope with the labor pains. During birth she may deliver without any ease from medications, or she may have a minimal amount of medications toward the end of the second stage of labor.

Anesthetized: The anesthetized type of delivery means that the expectant mother will be given medications or anesthetics to reduce the pain or to eliminate it. These medications are administered by the delivering doctor (or a nurse under the doctor's direction) or by an anesthesiologist (or anesthetist). The disadvantages of this method of delivery include:

--If given too early, the medication may slow the process of the labor.
--If the medication is given too late, it may not give adequate pain relief.
--Some women experience nausea and sleepiness.
--The medication may cause dizziness, blurring of vision, or dry mouth.
--Some medications cause a sleepy baby, if it is administered too close to delivery.
--Some medications cause the mother to behave irrationally.
--Some medications may cause slowing of the fetal heart rate.

The most common medications used are:

--narcotics, such as demerol and nisentil, to reduce pain and to relax the mother.
--tranquilizers to relieve anxiety and to lessen nausea and vomiting.
--barbituates to induce sleeping.
--scopolamine which blots out the memory of pain but not the sensation of it.

The regional anesthetics are administered to a specific area to deaden the pain. Regional anesthetics include:

--paracervical block
--epidural block
--caudal block
--saddle block or spinal block
--pudendal block

General anesthetics are administered to produce varying degrees of unconsciousness. They are usually reserved for use during a cesarean section.

Cesarean: The cesarean delivery is the type of delivery that is performed when there are complications. It is usually done when the mother's pelvis is considered too small to permit easy passage of the baby's head. The cesarean section is a surgical procedure in which a horizontal incision is made across the abdomen, usually at or near the pubic hair line. Then an incision is made in the lower part of the uterus and is extended enough for the baby's head to come through. The surgeon lifts the baby out, head first, then the shoulders, trunk, and legs. The incisions are then repaired.

Childbirth Education Classes

Childbirth education classes prepare the mother and the father (or a friend) for the labor and delivery process. Classes include basic lessons in anatomy, physical exercises to help with labor, and instruction for a birth "coach," usually the father or a friend.

If the hospital that the parents have chosen for the delivery of their child does not offer classes as a part of prenatal services, the YMCA, adult education center, or a community college may be contacted about such classes.

Preparation for the Hospital Stay

If the expectant mother chooses to have her baby delivered in a hospital or a maternity center, she should pack a suitcase for the stay at the hospital early in the seventh month of pregnancy. Sometimes mothers have their babies earlier than expected, so it is wise to be prepared. Items to be packed might include:

--several nightgowns
--robe
--bedjacket
--bed slippers
--two or more changes of underclothing
--a nursing bra, if breast-feeding
--cosmetics and toilet articles
--shower cap
--sanitary belt
--books, magazines, or creative handwork to occupy her time during the hospital stay
--writing paper, envelopes, pen or pencil, birth announcements, stamps, address book
--street clothes to wear home from the hospital
--basic clothes for the baby to wear home, such as diapers, waterproof pants, an undershirt, diaper pins, a gown or kimono, a receiving blanket, a cap, and a blanket or bunting depending upon the weather

The father should also be prepared for the birth of the child. He should:

--Keep enough gas in the car to reach the hospital or make other arrangements for getting the mother to the hospital when he is at work or if a car is not available.
--Know how to get to the hospital and where to take the wife to be admitted.
--Have insurance card or papers available.
--Know the person who will be caring for older children, if any.
--Make a list of names and telephone numbers to call in case of an emergency or to tell about the new arrival.

Student Information

LABOR AND DELIVERY

Directions: Research the following questions using the references suggested by your instructor. Write your answers on a separate sheet of paper. Check your answers against those provided by your instructor.

1. What is labor?
2. Briefly describe the stages of labor.
3. List the common symptoms of labor.
4. At what point should the expectant mother go to the hospital once she has started having contractions?
5. Define the term "breech birth."
6. List procedures taken to "prep" (prepare) a mother for delivery.
7. The __________ stage of labor is the longest.
8. List ways the mother can be relieved during the second stage of labor.
9. What is the afterbirth?
10. What is done to help the uterus return to normal?

Student Information

DISCUSSION GUIDE-CHILDBIRTH

Directions: In a small group or large group of students, discuss the following topics about the birth process.

Topic 1: The methods of delivery
  - a. natural
  - b. anesthetized
  - c. cesarean

Topic 2: The three stages of labor
  - a. dialation
  - b. birth
  - c. afterbirth

Topic 3: The journey through the birth canal
  - a. electronic fetal monitoring
  - b. "molding"

Topic 4: The role of the father in the birth process
  - a. emotional support
  - b. coach
  - c. sharing the birth experience

Topic 5: The bonding process between the mother and child
  - a. "The eyes are the windows of the soul."
  - b. holding and touching the infant soon after delivery

Student Self-Check

THE BIRTH PROCESS

Directions: Answer the following questions on a separate sheet of paper. Check your answers against those provided on p. 7.

1. Expectant parents generally have two choices of persons to deliver their child: __________ or __________.

2. List three places that parents can consider for the delivery of their baby.

3. Name three types of delivery methods.

4. Childbirth education classes prepare the mother and father (or a friend) for the __________ and __________ process.

5. List two symptoms of labor.

6. The __________ stage of labor is the longest.

7. Define the term "breech birth."

8. What is the afterbirth?

Student Self-Check

ANSWERS
THE BIRTH PROCESS

1. --Doctor
   --Nurse-midwife

2. --Hospital
   --Maternity care center
   --Neighborhood birth center or clinic
   --Home

3. --Natural
   --Anesthetized
   --Cesarean

4. Labor and delivery

5. --Regular contractions
   --Gush of liquid indicating that the amniotic sac has broken
   --Spotting or "show"

6. First

7. "Breech birth" is when the baby travels through the birth canal bottom first. Normally, the head is first.

8. Afterbirth is the placenta that attached the fetus to the wall of the uterus.

Evaluator's Final Checklist

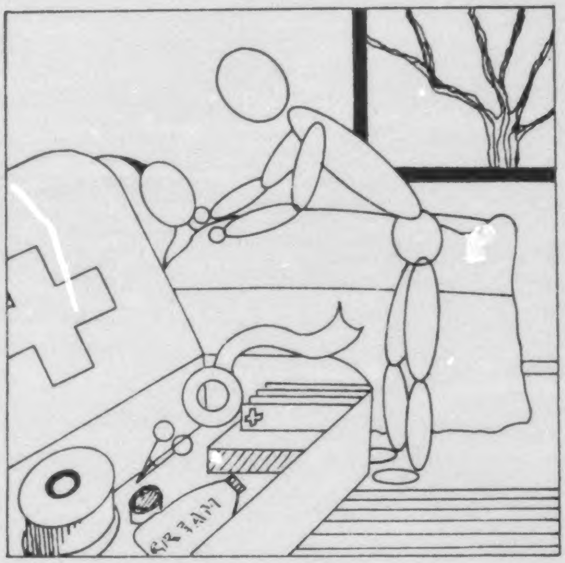
LABOR AND DELIVERY

Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
The student completed the Check-Out Activity Sheet with 80% accuracy	( )	( )	( )

HUMAN DEVELOPMENT

POSTPARTUM CARE



INTRODUCTION

After the delivery of a baby, the medical staff in the hospital or maternity center takes precautions to protect the health of the mother and child. The mother may also be counseled as she copes with postpartum (the period of time following the birth). In this module, you will learn about the newborn, the hospital care for the newborn, and the postpartum care for the mother.

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVE

When you finish this module, you will be able to complete a test about postpartum care and the hospital stay with 80% accuracy.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, POSTPARTUM CARE.

LEARNING ACTIVITIES

1. READ Student Information, THE NEWBORN, pp. 3-4,

   (and/or)_______________.

2. READ Student Information, HOSPITAL CARE FOR THE NEWBORN, pp. 5-6,

   (and/or)_______________.

3. READ Student Information, POSTPARTUM CARE OF THE MOTHER, pp. 6-8,

   (and/or)________________.

4. VIEW filmstrips, provided by your instructor, about mother and infant health care,

   (and/or)________________.

5. LISTEN to a group of new mothers talk about labor, delivery, and postpartum care. ASK questions about the birth process and the hospital care, etc.,

   (and/or)________________.

6. COMPLETE Student Self-Check, AFTER BIRTH, pp. 8-9.

7. WORK with your instructor to plan and carry out a related FHA/HERO activity,

   (and/or)________________.

8. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

Student Information

THE NEWBORN

A newborn baby is looked upon with awe and amazement. Some parents are surprised to see that their baby is not as pretty as they expected. Sometimes newborns are purplish and blotchy and have a misshapen head due to molding during the passage through the birth canal. Some are very tiny. After a few days or weeks, the baby's features will begin to change. The head will round out and the baby will start to fill out. A new-born usually weighs between 2.7 to 3.6kg (6 to 8 pounds) and is generally 45 to 55cm (18 to 22 inches) in length. The following chart lists typical physical characteristics of a newborn.

BODY PART	PHYSICAL CHARACTERISTICS
Head	--Is wobbly and large in proportion to the rest of the body. --May be nicely rounded or temporarily out-of-shape. --May be bald or may have lots of hair. --Will have two soft spots, called fontanels, present in the skull. One is above the brow and the second is close to the crown of the head. --Scalp skin may be loose. --Brow may be wrinkled. --May be bruised, if forceps were used in the delivery.
Face	--May have fat cheeks. --May have a short, flat nose. --May have a receding chin.
Eyes	--Are unable to focus clearly at first. --Are blue-gray for fair-skinned babies and brown for dark-skinned ones. --May be slightly crossed but usually straighten out in a few months. --Eyelashes and eyebrows are fine-haired. --Eyelids may be puffy. --Have no tears because tear ducts are not yet functioning.
Skin	--Is very thin and dry. --May be bluish purple due to high iron content in the blood. --May be jaundiced (yellowish color). This is due to the norma breakdown of excess red blood cells that are no longer needec to supply oxygen once the baby is out of the uterus. (Jaundice can also be caused by too much iron in the liver and blood. It can be a symptom of a disease or an infection. Or, it is sometimes the result of the mother's blood becoming mixed with the baby's during pregnancy.)

BODY	PHYSICAL CHARACTERISTICS
	--May show veins through the skin. --May be covered with a fine, downy hair called lanugo. --Fair skin may be rosy-red temporarily. --Ethnic coloring may be absent at first, but pigmentation will develop. --Fingers and toes may feel cold due to poor circulation. --May peel if any vernix caseosa remains.
Trunk of body	--Has a short neck. --Has small sloping shoulders. --May have swollen breasts due to mother's hormones. --Has a large rounded abdomen. --Has an umbilical cord stump. --Has a slender, narrow pelvis and hips.
Hands	--Are usually held in a tight, fist position. --Have finely-lined palms. --Have tissue-paper thin nails. --Have dry, loose fitting skin. --Have deep, bracelet creases at wrist.
Genitals	--May seem large in comparison with other body parts, especially the male scrotum. This is due to the mother's hormones getting into the baby's bloodstream.
Legs	--Are drawn up against abdomen. --Are shorter in comparison to arm length. --Knees stay slightly bent. --Are more or less bowed.
Feet	--Look complete, but the bone part is still cartilage. --Skin is loose and wrinkly.

Student Information

HOSPITAL CARE FOR THE NEWBORN

Shortly after birth, the baby is suspended by the heels with the head down to drain mucuous fluids from the lungs. If the baby does not cry, the doctor generally gives a smart slap on the buttocks to start the crying. Crying is necessary to cause the baby to suck in air and inflate the lungs. If there is a breathing difficulty, a mechanical device is used to stimulate breathing.

If there are no complications, the baby is often laid on the mother's abdomen until the last stage of labor is over. This is important for what is called the "bonding process" between mother and child. Bonding is a sort of emotional or psychological union of mother and child which is considered necessary for a continued close relationship. If the father is present, he too can share the experience of viewing the newborn.

Several procedures are followed through as a part of routine hospital care for the infant. These procedures include the following:

1. The umbilical cord is clamped, tied, and cut.
2. Drops of silver nitrate or another antiseptic solution are put into the baby's eyes. This is prescribed by state law to prevent blindness in the event that the baby was exposed to gonorrhea germs in the mother's vagina during birth.
3. The Apgar score is determined. This score is a quick rating of the baby's condition at birth. A rating from 0 to 2 is given for each of the following body functions: heart rate, respiratory effort, muscle tone, color, and response to stimuli. The maximum score for a normal baby is 10. A score of less than 4 indicates that the baby needs immediate medical attention. A score of 4 to 7 warns the medical staff to watch the baby closely during the first days and weeks of life. Not all hospitals voluntarily provide the Apgar score. They feel that there is no need to cause unnecessary alarm about the newborn. Sometimes telling the score causes parents to think that their child is not normal.
4. The Guthrie test is required by law in some states. It is a test for phenylketonuria, or PKU. PKU is a rare congenital defect in the infant's metabolism. It can cause mental retardation and death if not detected and treated. A blood sample from the baby's heel is taken for the test. If the newborn has PKU, a special diet can be started soon after birth to treat the condition. The diet is continued for the first few years of the child's life.
5. The baby's footprint and thumbprint are made.
6. Bands with the baby's family name are placed on the wrists or ankles for proper identification.
7. The newborn is weighed and measured.
8. The baby is cleaned to remove blood and vernix caseosa.
9. A complete physical is given to determine any abnormalities.
10. The baby is wrapped in a blanket and taken to the nursery.
11. If the baby is a male, the parents will be asked about circumcision (the removal of the foreskin of the penis). If they choose to have the baby circumcized, the operation is usually performed within three days of birth.

12. In a day or so after delivery, a nurse or aide will visit the mother in her room to obtain information for the baby's birth certificate. After the forms have been completed, the attending doctor or nurse-midwife will sign the form to certify his/her presence during the birth. The application is sent to the state central registry by the hospital. Within a month a certified copy of the birth certificate will be sent to the parents.

13. When the mother has had time to rest after the delivery, the baby will be taken to her to hold.

    If the hospital is equipped to let the infant stay in the room with the mother (rooming in), it is at this time that the baby will be brought in for the mother to care for. A nurse will be on hand to advise and assist the mother in learning to care for her baby, especially if it is her first. (Rooming-in arrangements may vary from hospital to hospital.)

14. If the parents have chosen a pediatrician for the regular check-ups, the pediatrician may visit the baby while still in the hospital.

The Premature Newborn

Any baby weighing less than 2.5kg (5½ lbs) is considered premature. While a baby this size will look mature, the body is not quite ready to live outside the mother's body. This is because the systems for breathing, digestion, and heat regulation are not yet fully mature.

Premature babies are usually placed in incubators or isolettes. These are cribs which have closely controlled oxygen, temperature, and humidity. In some hospitals, the premature baby is placed in a tiny heated waterbed to give the baby a feeling of the fluid in the amniotic sac inside the uterus prior to birth. A recording of a heartbeat (such as the baby heard inside the mother's uterus) is added to give greater security. It is believed that these measures aid in lowering the death rate of premature babies.

Student Information

POSTPARTUM CARE OF THE MOTHER

Postpartum refers to the period of time beginning after the delivery of the baby. There will be several procedures performed immediately after birth to care for the mother. After returning home, the mother will need to follow her doctor's instructions for caring for herself.

Hospital Care

--After the afterbirth has passed out of the body, the doctor will repair the episiotomy, if it had to be performed.

--A nurse or attendent will massage the abdomen periodically to aid the uterus in contracting to normal size and to minimize the amount of blood loss. Medication may be given to help the uterus.

--In many hospitals there is a recovery room for the new mother. During recovery, she will be watched closely until the breathing and blood pressure return to normal. The mother will usually sleep during this time.

--If the mother does not plan to breast-feed, she will be given medication to help prevent the production of milk.

--If the mother breast-feeds, a nurse will show her how to position the baby at the breast and help the infant find the nipple. The doctor or the nurse will also tell the mother how to care for her breasts.

--Sponge baths will be given during the first couple of days until the mother is strong enough to take a shower.

--The doctor or nurse will instruct the mother about the care of the genital area.

-- If the episiotomy stitches begin to be uncomfortable, sitz baths may be given for relief. A sitz bath is to soak the genital and buttocks area to promote healing, to relieve the pain, and to promote relaxation. This may be done in a special sitz tub or a regular bathtub.

--If the mother has hemorrhoids (which is common due to the strain on the rectum during pregnancy and delivery), a sitz bath may be given to relieve the pain.

--If the delivery was by cesarean section, the incisions will be checked to see if they are healing properly.

--The doctor or nurse will show the mother some postpartum exercises to help get her muscles back in shape and to help heal the stitches from episiotomy.

--The mother will be instructed about the things she can expect from her bodily functions until they return to normal.

--The father will be allowed to visit the mother. He should be encouraged to ask the doctor questions about the mother and infant care. This helps both parents give each other emotional support in the care of their new family member.

Things to Expect After Delivery

The mother's body will begin to start the postpartum process of recovery and lactation (production of milk) after the birth. Although the process may vary from mother to mother, the following things can be expected after delivery.

--For several days after delivery, the mother will have a heavy discharge of blood mixed with cast-off tissues and membranes of afterbirth. The flow, called lochia, will usually be deep red and will be as much flow as the heaviest menstrual day. The flow will gradually change to a brown color and after ten days it will become yellow or white in color. Lochia usually stops after two weeks, but this varies. A flow for four weeks is not unusual. If the flow is very heavy after the first two weeks, the doctor should be consulted.

--Milk will come into the breast on about the third day after delivery. When this happens, the breasts will become hard, heavy, full, and uncomfortable. For the nursing mother, the soreness will be relieved when the baby begins to suck. The non-nursing mother may have some discomfort during the "drying up" period, although the medication given may help prevent the milk from filling the breasts.

--Slight menstrual-like cramps may be expected. They may be more likely to occur in mothers who have had previous children. The cramps are due to the uterus expelling small clots of blood after delivery.

--The stitches of the episiotomy may make sitting uncomfortable. The stitches will be absorbed by the body so this discomfort is only temporary.

--Postpartum depression or "baby blues" may occur at any time during the first six weeks after delivery. This period of depression usually is short. If it lasts longer than a couple of days, the doctor should be consulted. Symptoms of "baby blues" include anxiety, crying for no explainable reason, irritability, or a lack of concentration. There is no known reason for this depression. Some doctors believe that the lower hormone level in the blood, the physical changes occurring in the body, and adjusting to a helpless, dependent infant are the factors that cause this brief emotional upset.

--Menstruation usually occurs no sooner than four to eight weeks after delivery. Three to four months is not unusual. If the mother breast-feeds, menstruation may not begin for six months or as long as the baby is breast-fed. Several months will pass before periods occur regularly. The first menstrual flow will be heavy. New mothers should be aware that pregnancy can occur during this time even though the normal menstrual cycle has not resumed.

Care After Returning Home

The mother will be in the hospital for three or four days, unless delivery was cesarean section or there were complications. When the mother returns home, she will need to care for herself as well as the newborn. The following points should be carefully followed to insure the return of the mother's body to normal.

Diet: The mother should be sure to eat adequately, especially if she breastfeeds.

Personal hygiene: The mother should cleanse her body daily to prevent infection and to promote personal well-being.

Breast care: The breast-feeding mother should be very careful to cleanse and care for her breasts and nipples. She should wear a bra with good support. If there are hard spots in her breasts, she should place a warm pack on them. The doctor should be consulted about cracked nipples and sudden or unusual soreness.

Exercise: The mother should do postpartum exercises daily for the first six weeks after delivery.

Activities: The mother should stay around the home during the first weeks after birth. She should avoid strenuous activities, walking up and down stairs, and getting overly tired.

Genital care: To prevent uterine infection, most doctors advise mothers to avoid putting anything into the vagina for six weeks or longer. This means no tampons, no douches, and no sexual intercourse.

The First Check-Up After Delivery

The mother should return to the obstetrician or family doctor six weeks after delivery for a physical examination. (If she is breast-feeding or had complications during delivery, the doctor may request to see her sooner.) During the physical check-up, the following things are usually done:

--pelvic examination to determine if the uterus and other reproductive organs have returned to normal
--blood pressure checked
--pulse checked
--respiration checked
--urine specimen
--weight checked
--an injection to stop the milk supply if the mother is breast-feeding and wishes to quit
--discussion of family planning and resuming sexual intercourse

Before she goes for the check-up, the mother should make a list of questions that she wants to ask the doctor about herself and about the baby.

Student Self-Check

AFTER BIRTH

Directions: Answer the following questions on a separate sheet of paper. Check your answers against those provided on p. 10.

1. List five physical characteristics of a newborn.

2. Why is a baby suspended by the heels shortly after birth?

3. Why are drops of silver nitrate put into the baby's eyes?

4. Phenylketonuria (PKU) can cause __________.

5. Any baby weighing less than __________ is considered premature.

6. List four postpartum processes to expect after delivery.

7. The mother will return to the obstetrician or family doctor __________ after delivery for a physical examination.

Student Self-Check

ANSWERS
AFTER BIRTH

1. Check your answers by referring to Student Information, THE NEWBORN, p. 3.

2. To drain mucous fluids from the lungs.

3. To prevent blindness in the event that the baby was exposed to gonorrhea germs in the mother's vagina during birth.

4. Mental retardation and death

5. 2.5 kg (5½ lbs)

6. --Heavy discharge of blood and tissues
   --Lactation to begin on third day after delivery
   --Slight menstrual-like cramps in women who have had previous children
   --Episiotomy makes sitting uncomfortable
   --Postpartum blues
   --Menstruation occurs no sooner than four to eight weeks after delivery.

7. --6 weeks

Evaluator's Final Checklist

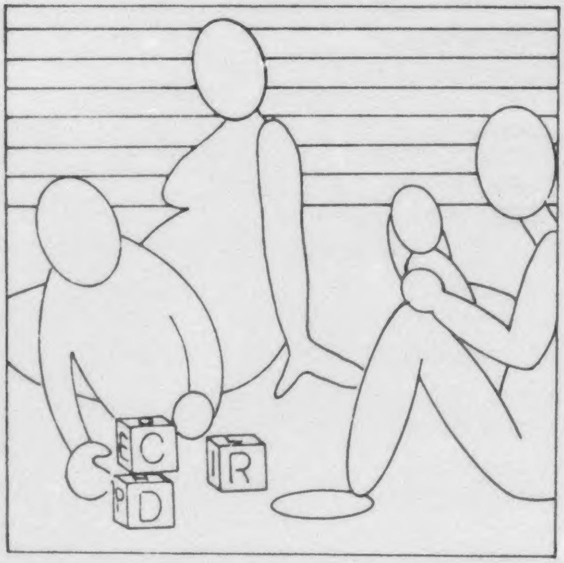
POSTPARTUM CARE

Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
The student completed the Check-Out Activity Sheet with 80% accuracy	( )	( )	( )

HUMAN DEVELOPMENT

SELECTING AND CARING FOR A LAYETTE



INTRODUCTION

"Layette" is the customary term for an infant's first clothes. In selecting a layette, you must keep in mind the climate and the season of the year in which the infant will be born. Care for the layette is important in order to keep the infant's clothes soft and clean. In this module you will learn how to select and care for a layette and other basic nursery items.

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVE

When you finish this module, you will be able to complete a test about selecting and caring for a layette with 80% accuracy.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, SELECTING AND CARING FOR A LAYETTE.

LEARNING ACTIVITIES

1. READ Student Information, CHOOSING THE LAYETTE, pp. 3-6,

   (and/or)________________.

2. EXAMINE a layette that your instructor has on display,

   (and/or)________________.

3. READ Student Information, CARING FOR THE INFANT'S CLOTHING, p. 6,

   (and/or)________________.

4. READ Student Information, BASIC NURSERY NEEDS, pp. 6-7,

   (and/or)________________.

5. COMPLETE Student Self-Check, BABY'S CLOTHING AND NURSERY NEEDS, p. 7.

6. WORK with your instructor to plan and carry out a related FHA/HERO activity,

   (and/or)________________.

7. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

Student Information

CHOOSING THE LAYETTE

Buying a layette for a new baby can be expensive. Good choices should be made to provide what the baby really needs at the most economical cost. There are several things to consider:
--the climate and season of the year that the infant will be born,
--the heating or cooling used in the home,
--the fact that babies outgrow their clothes very quickly.

Study the suggestions below. See the complete list with suggested quantities on pp. 5-6.

Diapers

Diapers are a very important part of the infant's layette. Depending upon personal preference and finances, a parent may select cloth diapers or disposable diapers.

Cloth diapers are made of cotton and are very absorbent. They can be laundered and used over and over again. There are different kinds of cloth diapers. Some are plain, square, cotton diapers. Others are stretch diapers and fit the shape of the baby more securely. Some diapers are marked for prefolding. These diapers take longer to dry because they are thicker. The stretch and the prefolded diapers are more expensive then plain diapers.

Diaper pins are needed for cloth diapers. Select pins with plastic heads. While the initial cost of buying the cloth diapers is high, in the long run they cost less than disposable diapers. However, if the parents do not have their own laundry equipment and facilities, they may need to figure the amount of money spent on laundering the cloth diapers. It may be less expensive to use a diaper service or disposable diapers.

A diaper service picks up wet and soiled diapers once or twice weekly and at the same time delivers clean ones. This service may be too expensive for the budget. Local diaper services should be consulted to determine the cost per week.

Disposable diapers are used once and then thrown away. They are convenient to use and they cut out the laundering and folding tasks. Disposables also cut down on skin rash, odor, and allergies. They have three layers:
--a porous inner layer closest to the infant's body,
--a plastic outer layer to protect the infant's clothing,
--several thicknesses of an absorbent material wedged in between the inner and outer layers to collect the moisture.
They come in a variety of sizes from newborn to toddler. They have self-adhesive fasteners, are prefolded, and some have elasticized legs for a closer fit. They can be purchased at the local groceries, drug stores, and supermarkets. Disposable diapers are ideal for emergencies and for taking on trips and vacations.

Even if disposable diapers or a diaper service are used, cloth diapers are useful for protecting clothing when burping the baby.

Receiving Blankets

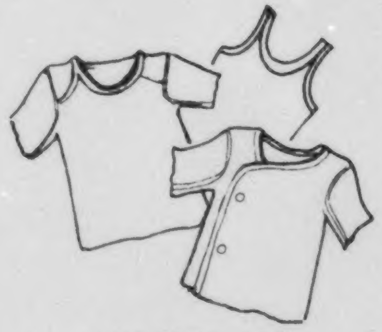
Cotton flannel receiving blankets are very useful no matter what the season. They can serve as a light-weight crib blanket in warm weather and a soft sheet covering in the winter months.

Undershirts

Undershirts are of three types:
--shirts that open at the side-front with snaps or string ties,
--the pullover shirt with short sleeves,

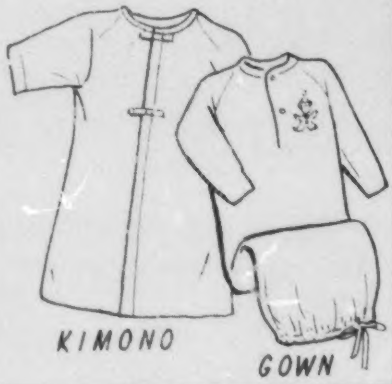
--the pullover shirt with short sleeves,
--the sleeveless pullover shirt.

Undershirts are made of soft, absorbent fabric. They are very important in wintertime and in houses that are kept cool in the summer.


UNDERSHIRTS

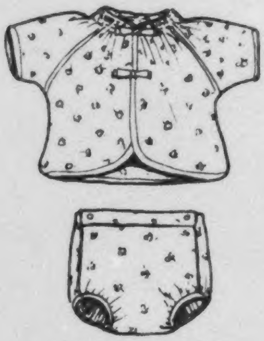
Kimonos and Gowns

Kimonos are long, loose gowns that have a front opening with snaps and long sleeves. Gowns are long and may have a drawstring bottom. Some gowns can be slipped over the head. Others have a snap opening halfway down the front from the neckline. Some gowns have cuff mittens that can be turned over the infant's hands to keep them warm and to keep them from scratching themselves.



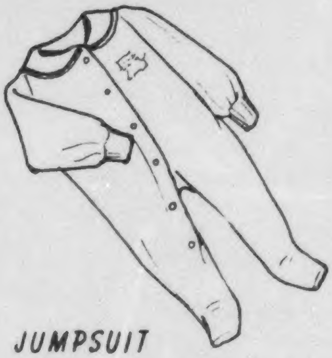
Sacque (sack) Sets

A sacque is a hip-length outer garment with a front opening. Matching pants with side snaps often complete the set. The pants may be rubber-lined. These are good for warmer weather.


SACQUE SET

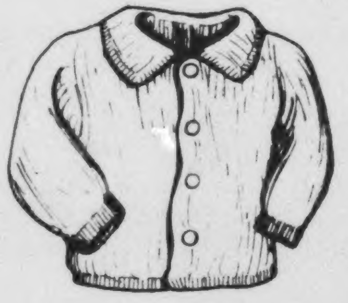
Jumpsuits or Sleepers

Jumpsuits, or sleepers, may be a one-piece garment or they may be a two-piece garment that snaps together at the waist. They have a front or back snap or zipper opening. There may also be snaps down the inside of the legs and crotch. They have long sleeves and enclosed feet. A jumpsuit, or sleeper, helps keep the infant warm.


JUMPSUIT

Sweaters

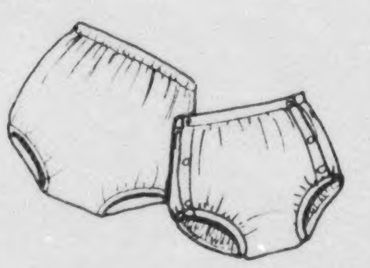
A sweater provides excellent protection against drafts. It keeps the infant snug and warm. Buy one that will stretch with the infant's movements and that is machine washable.



SWEATER

Waterproof Pants

There are two types of waterproof (plastic, rubber, or vinyl) pants:
--the snap-on kind
--the pull-on kind
The snap-on kind is convenient for the newborn and young infant. The pull-on waterproof pants are easier to use for older babies. Some of the water-proof pants are terry-lined. Some are made with cloth of various kinds on the outside of the plastic, rubber, or vinyl.



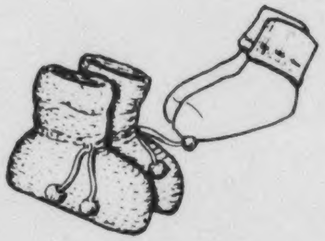
PLASTIC PANTS

Blanket

A wool or acrylic blanket is needed as an outer wrap in the winter season or in a cold climate. It should be machine washable.

Socks and Booties

Socks and booties are needed to keep the feet warm when the infant's garment leaves the feet exposed. They should be snug-fitting in the heels and have plenty of wiggle-room for the toes.



BOOTIES AND SOCKS

Bonnet or Cap

Choose a bonnet or cap the size of the infant's head. Choose cotton bonnets for summer wear to protect the infant's head from the sun. Choose warm knits for the winter to protect the head from the cold.

Basic Layette Items

The following list provides the basic layette items and the suggested number of each item. Numbers will vary depending on the time of year. Many department stores and mail order catalogs offer a complete layette set. You may want to consider this if the layette is economical and of good quality.

--Diapers: 3 to 4 dozen
--Diaper pins: 4 sets
--Receiving blankets: 6
--Undershirts, long- or short-sleeved (depending on the season): 6

--Kimonos and gowns: 6
--Jumpsuits or sleepers: 6
--Sacque sets: 2
--Sweaters: 2
--Waterproof pants: 3 to 4
--Warm outer wrap, blanket or bunting
--Socks and booties: 3 to 6 pairs
--Bonnet or cap: 1
--Dress-up outfit: 1, if desired

Student Information

CARING FOR THE INFANT'S CLOTHING

Diapers

Care must be taken to keep cloth diapers soft, thoroughly clean, and free of soap or detergent. Clean, soft diapers help to prevent skin irritations such as diaper rash and chafing.

To care for wet and/or soiled diapers:

1. Keep a covered, plastic pail filled with a mixture of borax or vinegar in the bathroom. The pail is used to store the wet and/or soiled cloth diapers until laundered. If using disposable diapers, a plastic, covered garbage pail is needed.

2. Rinse a wet diaper in clean water. Then wring it out completely and place it in the diaper pail.

3. If the diaper is soiled, scrape or shake the stool in the commode and flush. Rinse the diaper in clear, cold water until the stain is removed. Wring it out and place it into the diaper pail.

4. Soiled diapers should not be allowed to collect. They should be laundered frequently. Launder the diapers using the cotton or regular setting of the washer. Use hot water and a mild soap or detergent. Do not wash diapers with any other articles of clothing.

5. Rinse, and then rinse again. Add a fabric softener to the final rinse.

6. Dry the diapers completly, either in the dryer, in the sun on a line, or on a folding rack indoors.

Other Clothing

Launder the infant's other clothing according to the wash-and-care instructions on the label. Pretreat or soak stained clothing. Mend any rips or tears before laundering to prevent further damage from the washer action. Launder the infant's clothing using a mild soap or detergent. The infant's skin is sensitive and tender, so harsh soaps and detergents should be avoided. The infant's clothing should be laundered separately from the other family members' clothing.

Student Information

BASIC NURSERY NEEDS

Along with the layette there are other basic nursery needs in order to care for the infant. Sleeping, diapering, bathing, and feeding activities should be planned for.

Sleeping Needs

--a bassinet or crib that is safe
--a firm mattress
--a waterproof mattress cover or rubber sheet
--3 or 4 cotton pads to put under the infant
--4 to 6 crib sheets
--2 to 3 crib blankets

Diapering Needs

--a flat surface with a moisture-proof pad
--a covered diaper pail or garbage pail

Bathing Needs

--a plastic tub
--2 to 4 soft washcloths
--2 to 4 small towels
--2 large bath towels
--mild, pure soap with soap dish

- --baby cream, lotion, or oil (as recommended by the doctor)
- --cornstarch (preferred over powder) or baby powder
- --cotton balls
- --gauze squares
- --rubbing alcohol
- --petroleum jelly

Feeding Needs

- --3 to 6 118ml (4 oz) bottles, nipples, and bottle caps to give water and juice,
- --6 to 8 237ml (8 oz) bottles with nipples and caps, if the mother bottle-feeds
- --2 to 3 237ml (8 oz) bottles with nipples and caps, if the mother breast-feeds
- --nipple jar and cover
- --bottle and nipple brush
- --funnel
- --pair of tongs
- --sterilizer, or a large pot with a tight lid and rack (This is not needed if bottles with disposable liners are used or if the doctors say sterilization is not necessary.)
- --bottle warmer or a small pan

Student Self-Check

BABY'S CLOTHING AND NURSERY NEEDS

Directions: Write the answers to the following questions on a separate sheet of paper. Check your answers against those provided on p. 8.

1. What is a layette?
2. List three things to remember when selecting a layette.
3. Name the two basic types of diapers.
4. What is a diaper service?
5. List three advantages of cloth diapers.
6. List three advantages of disposable diapers.
7. List the items of a layette.
8. List two things to remember when laundering an infant's clothing.
9. What other basic nursery needs should be planned for?

Student Self-Check
ANSWERS
BABY'S CLOTHING AND NURSERY NEEDS

1. An infant's first clothes

2. --Season of the year
   --Climate
   --Babies outgrow their clothes very quickly
   --The home heating/cooling arrangements

3. --Disposable
   --Cloth

4. A diaper service is a business in which clean diapers are delivered and wet, soiled diapers are picked up once or twice weekly.

5. --They are absorbent.
   --They can be laundered and used over and over.
   --They are less expensive than disposable diapers.

6. --They cut out laundering and folding tasks.
   --They cut down on skin rash, odor, and allergies.
   --They come in a variety of sizes from newborn to toddler.
   --They have self-adhesive fasteners so there are no pins to be bothered with.
   --They are prefolded.
   --They are convenient.
   --They can be purchased at the local groceries, drug stores, and supermarkets.

7. --Diapers
   --Diaper pins
   --Receiving blankets
   --Undershirts
   --Kimonos and gowns
   --Sacque sets
   --Jumpsuits or sleepers
   --Sweaters
   --Waterproof pants
   --Blanket
   --Socks or booties
   --Bonnet or cap

8. --Keep them clean and free from soap or detergent to prevent skin irritations.
   --Keep them soft to prevent skin chafing.
   --Follow the wash-and-care instructions on the label.
   --Wash infant's clothing separately from the other family clothing.

9. --Bathing
   --Diapering
   --Feeding
   --Sleeping

Evaluator's Final Checklist

SELECTING AND CARING FOR A LAYETTE

Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
The student completed the Check-Out Activity Sheet with 80% accuracy	( )	( )	( )

HUMAN DEVELOPMENT

PROVIDING APPROPRIATE INFANT STIMULATION EXPERIENCES

INTRODUCTION

Infant stimulation (or early sensory stimulation) is the process of providing experiences which will encourage the infant to use and develop his/her senses. The senses include seeing, hearing, smelling, tasting, and touching. Stimulation should be provided from the time of birth. There are all kinds of activities that stimulate the infant to use his/her senses. Babies need to be played with and also allowed time to play by themselves. Appropriate infant stimulation encourages physical, social, intellectual, and emotional growth.

In this module, you will learn how to provide the appropriate stimulation experiences for infants of different ages (birth to eighteen months).

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVE

When you finish this module, you will be able to plan, organize, and guide an appropriate infant stimulation experience.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, PROVIDING APPROPRIATE INFANT STIMULATION EXPERIENCES.

LEARNING ACTIVITIES

1. READ about infant development duing the first eighteen months of life in two references provided by your instructor,

   (and/or)_______________.

2. READ Student Information, INFANT STIMULATION, pp. 3-12,

   (and/or)_______________.

3. VIEW slide-tape presentation on infant stimulation,

   (and/or)_______________.

4. PARTICIPATE in a round-table group to research and discuss activities for infants of an age group specified by your instructor. USE Student Information, ACTIVITIES FOR INFANTS, p. 13, and references and resources provided by your instructor to complete your work. SHARE your findings with the other round-table groups.

5. COMPLETE Student Self-Check, INFANT STIMULATION GRAB BAG, P. 13.

6. VIEW a display of toys and equipment for infants,

   (and/or)_______________.

7. TAKE an in-class field trip using catalogs and other resources to view toys and play equipment for the infant. CONSIDER the cost, safety, and uses for at least five items. REPORT your findings and considerations to the class,

   (and/or)_______________.

8. MAKE a list of safety rules for the infant toys, play equipment, and play area using referenses provided by your instructor. SHARE and DISCUSS your list with classmates,

   (and/or)_______________.

9. WORK with your instructor to plan and carry out a related FHA/HERO activity,

   (and/or)_______________.

10. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

Student Information

INFANT STIMULATION

Infant stimulation, or early sensory stimulation, is infant play. It encourages physical, mental, social, and emotional growth and development. Stimulation activities help an infant to become more aware of his/her surroundings through the senses (hearing, seeing, tasting, smelling, and touching). The earlier that appropriate stimulation experiences take place the more the infant will react to and learn from his/her environment.

The aim of infant stimulation is to help the infant to grow and develop. Infant stimulaton promotes:
-- focusing of the eyes,
--eye-hand coordination,
--body coordination,
--independence,
--the development of language skills,
--thinking,
--muscle development,
--sharing with others,
--problem solving,
--following directions,
--developing a sense of self and others.

When planning and selecting stimulating activities for the infant, the following guidelines should be considered:

1. Plan stimulation activities which are appropriate to the infant's age and individual development. The infant's body develops from head-to-toe. He/she begins to control the head and neck muscles, then the arms and trunk, and last, the legs. For example, the infant learns to hold up the head first, then progresses to sitting, creeping, standing, and walking (in that order).

   The infant's body also develops large-muscle control before small-muscle control. For example, the infant learns to control the movement of the whole arm before learning to use hands and fingers. Each infant should be treated as an individual. Although there are average ages for developmental skills, each child should be allowed to advance at his/her own growth and developmental pace.

2. Offer a variety of sights, sounds, shapes, and textures for the infant to explore. The activities that you do with the infant do not have to involve expensive toys and equipment. Infants are stimulated by your voice, soft music, looking at brightly-colored objects, feeling different textures, and many other simple experiences.

3. Make infant stimulation a part of the routine. Stimulating activities for the infant can be provided as you do the routine tasks of diapering, dressing, feeding, and bathing. Talking to, and holding the infant, rubbing the skin with a washcloth or soap, etc. are sensory stimulation. Time should be allowed for working, playing, and interacting with the infant.

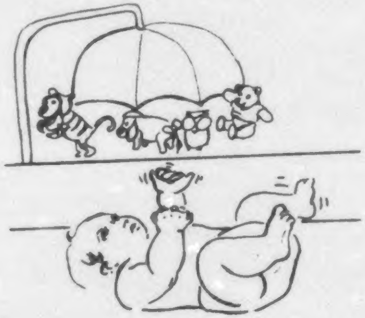
4. Encourage the infant during the stimulation activities. Talk to the infant. Give praise for responding and trying to imitate you. Respond favorably to the infant's cooing, smiling, and movements.

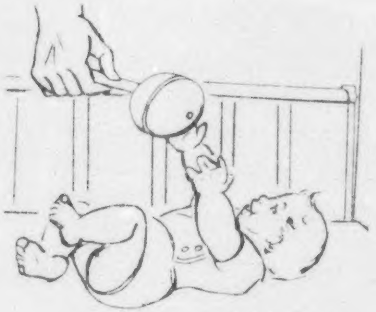
5. Provide an atmosphere of care and support. Infants can sense through interaction how much you are really enjoying the activity. If you are tense and irritable or if you view the activity as something that you have to do, neither you nor the infant will have a good time. The infant can sense your feelings. It is important to have a relaxed and friendly atmosphere to promote growth and development.

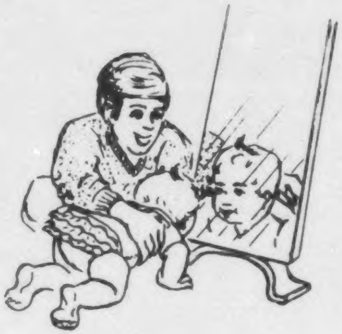
   Do not rush or overstimulate the infant. Infants should learn at their own pace and in a casual, pressure-free environment. Normal children will develop when provided adequate stimulation. Remember, too, that an infant may learn to do something and then forget it. Do not be concerned when this happens. When an infant begins to cry or fret or turns away from an object or person, the infant is tired and wishes to stop the activity. Respect the baby's feelings. Never force him/her to continue.

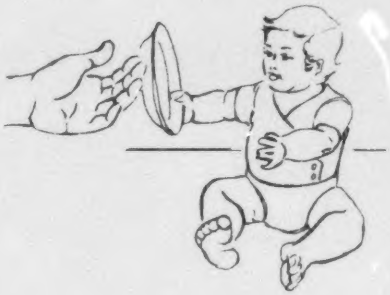
6. Keep stimulation activities simple. The activity should be one that the infant can enjoy. Complicated activities lead to frustration of the infant and sometimes disappointment on the part of the adult.

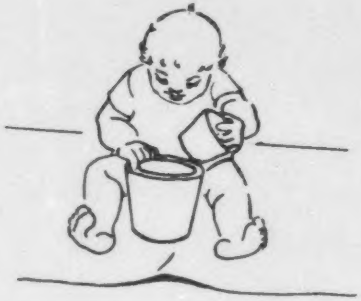
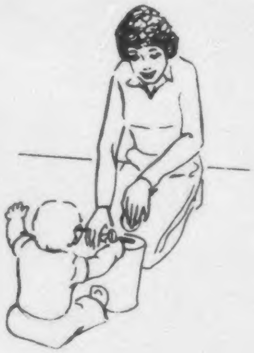
The following chart lists a few infant stimulation activities and the purpose of each according to age spans from birth to eighteen months. Keep in mind as you read over these activities that these are only a few things that you can do to provide stimulation appropriate to the infant's growth and development.

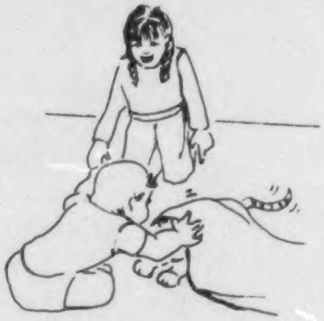
AGE SPAN	WHAT PARENT/ CAREGIVER DOES	WHAT INFANT DOES	PURPOSE OF THE ACTIVITY
Birth- 3 months	--Holds and rocks the infant. --Sings to the infant.	--Feels the touch of parent's arms and body. --Hears the voice.	--Develops a sense of security. --Develops the infants central nervous system.
	--Touches the mobile over the infant's bed to make the objects move.	--Focuses on the movement of the mobile. May move arms and legs excitedly. 	--Develops control over eye movements.
		--Discovers finger by grasping them and putting them in his/her mouth.	--Develops senses of touch and taste.

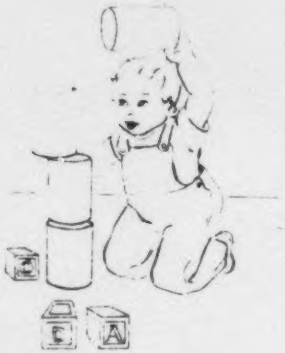
AGE SPAN	WHAT PARENT/ CAREGIVER DOES	WHAT INFANT DOES	PURPOSE OF THE ACTIVITY
	--Shakes a rattle and offers to the infant. 	--Listens to the rattling sound. --Reaches and grasps the rattler.	--Develops the sense of sight and sound.
3-6 months	--Offers thumbs for the infant to grasp and encourages the infant to pull up.	--Grasps thumbs and pulls up.	--Strengthens the hands, arms, and neck muscles.
	--Provides crib gym or exerciser.	--Reaches for and grasps a crib gym or exerciser.	--Develops eye-hand coordination. --Strengthens large muscles.
	--Plays peek-a-boo with the infant.	--Watches the person. --Listens to the person. --Responds to person by smiling, laughing, moving arms and legs, etc.	--Encourages play with others. --Teaches that objects out of sight still exist.

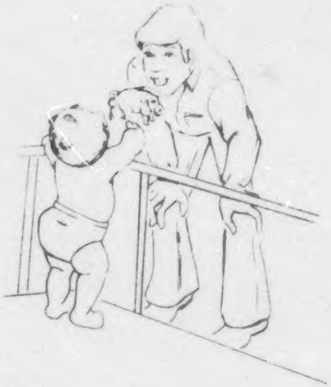
AGE SPAN	WHAT PARENT/ CAREGIVER DOES	WHAT INFANT DOES	PURPOSE OF THE ACTIVITY
6-9 months	--Provides safe environment for infant to crawl in and explore.	--Starts to crawl. 	--Encourages coordination of large-muscle movement in legs, arms, and trunk.
	--Holds infant in front of mirror; talks to and encourages infant to mimic or talk.	--Looks into mirror.	--Develops sense of self as a person.
	--Holds a picture book and talks to the infant.	--Looks at a picture book and may say the word for some objects. --Listens to the adult.	--Learns to pay attention. --Learns to recognize objects and learns names for objects.

AGE SPAN	WHAT PARENT/ CAREGIVER DOES	WHAT INFANT DOES	PURPOSE OF THE ACTIVITY
	--Plays pat-a-cake with the infant.	--Listens to the adult. --Claps person's hand, but is uncoordinated. --May smile and try to talk.	--Provides model for infant to imitate. --Develops eye-hand coordination. --Encourages play with others.
9-12 months	--Provides safe environment and equipment for infant.	--Plays with pots and pans by banging, hitting, dropping, and/or handing them to others. 	--Develops eye-hand coordination. --Encourages infant to entertain self.

AGE SPAN	WHAT PARENT/ CAREGIVER DOES	WHAT INFANT DOES	PURPOSE OF THE ACTIVITY
	--Provides safe nesting or stacking containers.	--Removes things from a container. 	--Develops eye-hand coordination. --Teaches infant about size - that small objects fit inside large objects.
		--Puts objects into a container. 	--Develops eye-hand coordination. --Teaches infant about size.

AGE SPAN	WHAT PARENT/ CAREGIVER DOES	WHAT INFANT DOES	PURPOSE OF THE ACTIVITY
	--Plays "cover-up" game with infant.	--Uncovers a hidden object. 	--Teaches that objects are there though out of sight. --Teaches infant to do things for self. --Teaches infant to control his/her body.
	--Waves hand and says "bye-bye".	--Listens to person. --Waves "bye-bye" in response.	--Encourages a new way to use his/her body to communicate. --Encourages infant to listen and pay attention.
	--Provide safe environment for infant to explore.	--Walks around furniture by holding on.	--Encourages normal development of infant. --Develops large muscles in legs.
	--Pitches a ball to the infant.	--Tries to catch the ball.	--Develops eye-hand coordination. --Develops attention span.
	--Provides plastic (or other safe material) cup with milk, juice or water.	--Drinks from a cup.	--Learns to do things for self. --Weans infant from breast or bottle.

AGE SPAN	WHAT PARENT/ CAREGIVER DOES	WHAT INFANT DOES	PURPOSE OF THE ACTIVITY
15-18 months	--Provides safe stacking and building toys. Shows infant how toys can be stacked; then encourages infant to stack toys.	--Attempts to stack toys. 	--Develops eye-hand coordination.
	--Talks to infant, points to and touches various parts of the body, naming each part such as eye, ear, nose, finger, etc.	--Names parts of the body.	--Learns new words. --Learns to associate new words as names for objects.
	--Encourages infant's first step; praises infant for walking.	--Takes first step.	--Develops coordination of the body. --Learns to do things for self.

AGE SPAN	WHAT PARENT/ CAREGIVER DOES	WHAT INFANT DOES	PURPOSE OF THE ACTIVITY
	--Talks to the child and directs child to "Give me the horse."	--Hands object to person when asked to. 	--Learns to follow directions.

Student Information

ACTIVITIES FOR INFANTS

Directions: After dividing the class into round-table groups, your instructor will assign each group an infant age span. Using references and other resources, research appropriate stimulation experiences for your assigned age group. Write down the following: (1) the activities and (2) the purpose of each activity. Discuss these within your group. Be prepared to share your findings with the other round-table groups.

Student Self-Check

INFANT STIMULATION GRAB BAG

Directions: Select a card from the INFANT STIMULATION GRAB BAG provided by your instructor. Then answer the following questions orally or on paper. Your instructor will check your answers.

1. The card you pulled from the grab bag gives the infant's age. Describe an activity to use to stimulate the infant.

2. Tell how the described activity will encourage physical, social, emotional, and/or intellectual growth.

Evaluator's Final Checklist

PROVIDING APPROPRIATE INFANT STIMULATION EXPERIENCES

Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

When planning, organizing, and guiding an infant stimulation activity for each case situation, the student:

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
a. Planned an activity that was appropriate for the infant's age span and development	( )	( )	( )
b. Assembled the toys or equipment	( )	( )	( )
c. Encouraged the infant during the stimulation activity	( )	( )	( )
d. Provided an atmosphere of care and support	( )	( )	( )
e. Observed safety precautions while working with the infant	( )	( )	( )

HUMAN DEVELOPMENT

PROMOTING CHILDREN'S HEALTH AND WELL-BEING

INTRODUCTION

Providing for the good health of a child is a day-to-day activity. It begins before conception and continues throughout the child's life. Health effects all development--physical, mental, emotional, and social. In this module, you will learn how to maintain the good health and well-being of children through preventive measures. You will also learn how to determine when a doctor should be consulted.

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVE

When you finish this module, you will be able to complete a test about promoting children's health and well-being with 80% accuracy.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, PROMOTING CHILDREN'S HEALTH AND WELL-BEING.

LEARNING ACTIVITIES

1. READ Student Information, HEALTH NEEDS OF CHILDREN, pp. 3-5,

   (and/or) ________________.

2. READ and STUDY Student Information, SIGNS OF ILLNESS AND/OR SPECIAL PROBLEMS IN CHILDREN, pp. 5-8,

   (and/or)_______________.

3. READ and STUDY about communicable diseases in a reference provided by your instructor. FIND the answers to the questions in Student Information, IMMUNIZING AGAINST CHILDHOOD DISEASES, p. 8,

   (and/or)_______________.

4. LISTEN to a panel of medical specialists talk about the need for children to have medical check-ups,

   (and/or)_______________.

5. READ Student Information, PREPARING A CHILD FOR A MEDICAL VISIT, pp. 8-10. DISCUSS with classmates how you felt about medical visits you had as a child,

   (and/or)_______________.

6. READ about preparing a child for a hospital stay in references provided by your instructor,

   (and/or)_______________.

7. COMPLETE Student Self-Check, PROMOTING CHILDREN'S HEALTH CROSSWORD PUZZLE, p. 10.

8. READ Student Information, ACTION AGAINST CHILD ABUSE AND NEGLECT, pp. 11-12,

   (and/or)_______________.

9. LISTEN to a resource person talk about child abuse and neglect. ASK questions about this topic, such as: (1) What can a citizen do when a child they know is abused or neglected? (2) What can a citizen do to help the abuser?

   (and/or)_______________.

10. PARTICIPATE in a class discussion about being alert to the physical and emotional needs of children. Your instructor will guide the discussion,

    (and/or)_______________.

11. COMPLETE Student Self-Check, PROMOTING CHILDREN'S WELL-BEING, p. 12.

12. WORK with your instructor to plan and carry out a related FHA/HERO activity,

    (and/or)_______________.

13. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

Student Information

HEALTH NEEDS OF CHILDREN

Providing for a child's good health is a day-to-day responsibility. When a child is born, he/she is the sole responsibility of the parents. During the preschool years children begin to learn to take care of themselves. The school-age years marks a time when children can understand and take responsibility for meeting their own health needs.

All children have many health needs, some of which include:

--good nutrition, an adequate diet, and plenty of water
--plenty of rest
--activities that stimulate learning
--comfortable clothing
--good personal hygiene habits
--dental care
--protection from illness
--protection from accidents
--TLC (tender, loving care)

Food Needs

To insure an adequate diet, the child's meals and snacks should be based on the Basic Four Food Groups. For the preschooler and the school-age child, the recommended daily requirements include the following:

--Meat Group: 2 or more servings daily
--Milk Group: 3 or more servings daily
--Fruit-Vegetable Group: 4 or more servings daily
--Bread-Cereal Group: 4 or more servings daily

Appetites vary from child to child because growth rates vary. When a child has a good appetite, a mid-morning or a mid-afternoon snack may be given. If a child has a drop in appetite, it is better to do away with snacks. Avoid forcing the child to eat--the less fuss made the better.

Children need plenty of fluids. If they don't get enough, they may be tired and grouchy. Encourage children to drink water between meals. They need extra amounts of water when the weather is hot and when they play hard.

Sleep Needs

Younger children need adequate sleep. Most children take a morning and an afternoon nap until they are a year old. The one- to two-year-old usually takes a two-hour nap. The three- to four-year-old will take a one-hour nap. Most children need naps until they are six, but many begin to resist naps after the age of three. If children do not sleep during the nap time, they should be encouraged to rest quietly. Quiet play just before nap time will prepare a child to rest.

When a child reaches school age, the amount of sleep needed continues to drop. The six-year-old will usually need about eleven hours of sleep. Eight-year-olds need about ten hours of sleep, and ten-year-olds need about nine hours of sleep. Later, before adolescence, when growth becomes more rapid, more rest and sleep will again be needed.

If children do not get enough rest and sleep, they may not have the energy to carry on normal activities. They may also be irritable and hard to manage.

Activities

Play is important for the child's growth and development. Children need activities to develop their muscles, learn new skills, and release energy. They need plenty of fresh air and exercise. If they do not have enough activities, they will become irritable, bored, and hard to manage.

Clothing Needs

A child's clothes and shoes should fit comfortably. This promotes freedom of movement. Clothing and shoes should be selected with the following points being considered:

--Clothing should be simple and loose.
--Clothing and shoes should be suited for the environment.
--Clothing should be easy to launder.
--Clothing should be easy to put on and take off.
--Shoes should fit well.
--Soles of shoes should be firm, flat, flexible, and nonslipping.
--Socks should be worn.
--Outgrown shoes and socks should not be worn.

Good Personal Hygiene

Children should be taught good personal care of their bodies very early in life. These personal hygiene routines include the following:

--brushing the teeth twice daily
--brushing and combing the hair as needed
--proper toilet habits
--washing hands and face before and after meals and as necessary
--taking a bath daily
--blowing the nose into tissues or a handkerchief
--covering the mouth when coughing
--avoiding unhealthy habits such as picking the nose

Dental Care

Good dental health depends on good tooth and gum care, regular dental check-ups, and good nutrition. Children need to brush their teeth at least twice daily. It it very important that they brush before going to bed. This removes food particles from the mouth and helps to decrease the growth of bacteria during sleeping hours. (Bacteria causes decay in tooth enamel.) Dental check-ups should begin at two years of age or when the child has twenty baby teeth. Check-ups every six months are encouraged by most dentists.

Medical Visits

Infants need several check-ups during their first year of life. After that, they need to have regular physical examinations once a year. By age six, they should have all immunizations against childhood (or communicable) diseases. During the school-age years, children should have booster vaccinations.

Protection against Accidents

Accidents are the leading cause of deaths of preschool and school-age children. Motor vehicle accidents, drowning, and fires are the major causes of these deaths. Parents and caregivers should maintain a safe environment for children to live and play. The adult should teach, and then remind children of, safety rules.

But even with precautions taken, accidents often happen. This is because children are active, full of energy, curious, and they don't always use good judgment.

Tender, Loving Care

Of all the emotional needs, the need for love is the most basic. Children need to learn to love and trust others. When parents or caregivers provide care for their children's physical needs and when they take time to talk to their children and cuddle them, love and trust for others develops.

A child also needs to develop love for self. It is natural for a child to be self-centered. This is a normal stage of development. As children grow older, they become less concerned with themselves and begin to think of others, usually family members. Parents and caregivers need to encourage children to develop sociable behavior. But in doing this, they should be very careful not to make the children feel badly about themselves. An adult should never tell children that they are bad, mean, or hopeless. Instead, when necessary, the parent or caregiver should tell the child that a particular behavior is bad. The child needs to know why the behavior is bad and how to behave in a more appropriate way the next time. This method of discipline helps the child develop social skills and maintain a sense of self-esteem and self-worth.

Tender, loving care helps to promote good mental health. Good mental health is important. When a person feels good about himself/herself and is happy, physical health is easier to maintain.

Student Information

SIGNS OF ILLNESS AND/OR SPECIAL PROBLEMS IN CHILDREN

Each child is different. They are different in temperament, personality, interests, and abilities. Parents or caregivers learn their children. They know when a child is not feeling well physically or emotionally. It is very important that once a possible health problem is noticed, action is taken to prevent it or to decrease its effects. The parent or caregiver may do one or more of the following steps when their child doesn't look or act well:

--Have the child rest.
--Talk to the child. Let the child tell about how he/she feels.
--Take the child's temperature.
--Consult the doctor, describe the symptoms, and then follow the doctor's instructions.

There are many signs of illness and special problems. It is important that the parent or caregiver learn to recognize these symptoms in order to provide appropriate health care Some symptoms may indicate a serious health problem. Others may not be so serious as to cause alarm. The following chart includes signs of illness and/or special problems:

BODY PART OR ACTION	SIGNS OF ILLNESS AND/OR SPECIAL PROBLEMS
Facial Expression	--Drawn and tired --Dull and listless --Swollen and puffy around the eyes --Flushed or pale --Over-alert and anxious
Eyes and Seeing	--Heavy or unusually bright --Bloodshot --Sensitive to light --Whites have yellowish tinge --Inflamed (red, hot, swollen, painful) --Spots before eyes, halos appear around lights --Double or unclear vision --Head is held in a strained or awkward position when trying to look at someone or at an object --Crossing of one eye or both --Reddened, watering, or encrusted eyelids --Tilts head to either side or thrusts head forward or backward --Frequently rubs eyes or complains
Ears and Hearing	--Discharge --Pain, tenderness, swelling --Pain or cracking in ears when swallowing --Head noises or hearing difficulties --Child pulls on ears --Child doesn't turn to face the source of strange sounds or voices by age 6 months --Usually turns the same ear toward sounds he/she wants to hear --Doesn't respond when called from another room --Talks in a very loud or very soft voice
Nose and Throat	--Running nose, sneezing, coughing --Hoarseness, difficult breathing and swallowing --Symptoms of common cold Note: This may indicate the onset of a communicable (or childhood) disease or it may occur prior to influenza, bronchitis, or laryngitis. --Severe sore, red, bleeding, and swollen throat plus fever --A throat showing yellow or grayish patches --Chronic cough, chronic hoarseness, difficult breathing

BODY PART OR ACTION	SIGNS OF ILLNESS AND/OR SPECIAL PROBLEMS
Mouth	--Gums are swollen, bleeding, sensitive --Tongue is dry and cracked; has white or yellowish coating; has a vivid red, raw appearance; trembles when extended --Taste is deadened, metallic, bitter, or sweet --Breath is foul or sweet
Voice	--Weak, hoarse, whispering --Speech difficult --Unusual moaning, groaning, crying
Talking and Thinking	--Isn't understood by people outside the family by age five --Doesn't understand simple stories, directions, or meaning of simple words by age five
Skin	--Swelling, unusual lumps --Itching, rash, eruptions --Discolored
Body Movement	--Can't sit up without help by age one --Can't walk without help by age two --Can't walk up and down stairs by age three --Can't balance on one foot by age four --Can't catch and throw a ball by age five

When to Call the Doctor

Parents should not hesitate to call the doctor if they feel that it is necessary. The doctor wants the child to be well and happy and would want to know if something was wrong. However, doctors are busy people. To get the most benefits from a telephone call, the following points should be considered:

1. If the child has one or more of the signs of illness, the temperature should be taken. If the temperature is 38.5°C (101°F) or above, call the doctor.

2. If possible, try to call the doctor during office hours when records are available. Call after hours only if it is an emergency, such as a serious accident or injury, bleeding that cannot be stopped, unconsciousness, severe breathing difficulties, convulsions, abdominal pains lasting more than two hours, black or bloody bowel movements, or prolonged diarrhea. If the doctor cannot be reached, take the child to the emergency room of the hospital.

3. Before making the call to the doctor or other health professional, write down important information and questions so they are not forgotten.

4. Give information on the problem to whoever answers the doctor's phone. Sometimes it might not be necessary to talk to the doctor personally. He/she often can relay the answers to questions through a nurse or an aide.

5. Be specific in describing problems or symptoms. If the child has a fever, say "He has a rectal temperature of 103°F." Or if the child has diarrhea, say "She has had ten large, watery bowel movements in the last five hours." Describe all the symptoms as clearly and as accurately as possible.

6. Have a pencil and pad ready to take down the doctor's instructions. (He/she may refer you to a specialist, depending on the symptoms.)

Student Information

IMMUNIZING AGAINST CHILDHOOD DISEASES

Directions: Research the following questions about immunization against childhood diseases in a reference provided by your instructor. Write your answers on a separate sheet of paper. Check your answers against those provided by your instructor.

1. Define the term "communicable."

2. List seven communicable diseases of childhood.

3. For which of the communicable childhood diseases are immunizations available?

4. Define the term "vaccine."

Student Information

PREPARING A CHILD FOR A MEDICAL VISIT

Children should have regular medical and dental check-ups. These visits help to prevent illness. Unfortunately, many families do not have the money to have regular visits. They usually take their children to the doctor only when the child is sick or injured. Whichever the case, the child needs to be prepared emotionally for the visit to the doctor.

Choosing the Health Professional

Choosing a doctor or dentist is important. The following points should be considered when choosing the health professional to care for a child:

- --Rapport. The doctor or dentist should be one who can work well and talk easily with children and parents.
- --Credentials. The doctor or dentist should be qualified to give medical care to young children.
- --Location. The health professional should be close enough for emergency treatments.
- --Policies. The office hours, billings, medical policies, and the hospital(s) where the doctor or dentist sends patients should be inquired about. The family should be willing to abide by all the policies, work out other arrangements, or find other health care.
- --Costs. The parent should find out about the costs of the doctor's or dentist's services before the work is done.

Getting Ready for the Medical Visit

Some children dread a visit to a doctor or dentist. Others do not. Before going for a medical visit, the child should know what to expect. The parent or caregiver should be honest and should not make promises that cannot be kept. For example, the parent should not promise that there will be no pain. If the child does have pain during the visit, he/she will feel that the parent cannot be trusted. Also the parent should not make deals with or bribe the child. This is just one more confusing thing the child has to worry about.

Children need to learn that health care is important and that everyone has to see a doctor or a dentist from time to time. If possible, a child's first visit should be free from any pain. This will help the child get to know and trust the doctor or dentist.

If the child is worried or afraid of the medical visit, the parent should be consoling. Explaining that sometimes "mommies" and "daddies" feel worried and afraid will help the child accept the situation. The parent should not talk too much or too far in advance about the visit.

The Medical Visit and After

Usually one or both parents can go into the examining room with the child. This helps the child feel secure and less afraid of the doctor or dentist. However, if the doctor or dentist feels that the parent is over-reacting or causing problems, he/she may ask the parent(s) to step outside of the room.

When the doctor or dentist talks to the child or asks questions, the parent should not interrupt or speak for the child. The child should be allowed a chance to speak to the doctor. But if the child does not want to talk, that decision should be respected. The doctor (or dentist) and the child should have a chance to get to know each other.

The parent will be given time to talk to the doctor or dentist. If possible, the child should leave the room while the parent and doctor talk. This may prevent emotional problems in the child if the conversation includes behavior problems, frustrations of the parents, or further medical care.

After the medical visit, the parent should do the following:

- --Talk to the child calmly and ask how he/she feels.
- --Avoid scolding the child for misbehavior such as crying, kicking, biting, etc. The parent should realize that these actions are normal when a child is frightened.

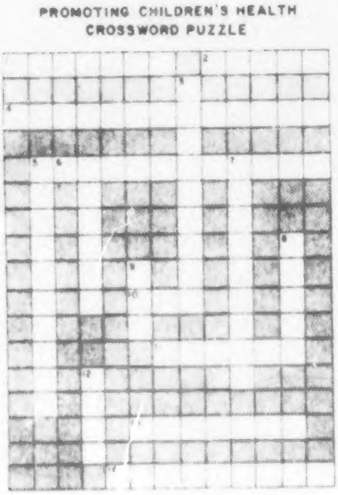
--Avoid ridiculing the child such as "You should be ashamed of yourself" or "You were a little meany" or "You are such a baby." These kinds of remarks make the child feel worthless.

--Remember that the child is not a little adult and will not behave like an adult.

--Avoid making negative remarks about the doctor, dentist, or nurses in the child's presence. When the child has to go back for another medical visit, the parent's comments could cause the child to be upset and more worried.

Student Self-Check

PROMOTING CHILDREN'S HEALTH CROSSWORD PUZZLE



Directions: Your instructor has copies of this crossword puzzle. Obtain a copy and use the words suggested by the following statements to complete the puzzle. Check your answers against those provided on p. 13.

Across

1. Children should have _____ medical and dental check-ups.
2. Children need to brush their teeth at least _____ daily.
4. By age six, children should have all _____ against childhood (communicable) diseases.
5. _____ means to pass on to another.
10. Children need plenty of fresh _____ and exercise.
11. Parents should not hesitate to call the _____ if they feel that it is necessary when a child shows signs of illness.
13. A _____ is a very small amount of the disease germs placed into the person's body.
14. When a child has a good _____, a mid-morning and a mid-afternoon snack may be given.

Down

3. Children need servings from each of the _____ food groups each day. (two words)
5. A child's clothes and shoes should fit _____.
6. Tender, loving care helps to promote good _____ health.
7. _____ are the leading cause of deaths of preschool and school-age children.
8. Encourage children to drink _____ between meals.
9. Most children take a morning and an afternoon _____ until they are a year old.
12. The child's first visit to the doctor should be free of _____.

Student Information

ACTION AGAINST CHILD ABUSE AND NEGLECT

Child abuse and neglect, sometimes called the "battered child syndrome," is becoming one of the leading killers of young children. According to statistics, more children under the age of five die at the hands of their own parents than are killed by tuberculosis, whooping cough, measles, polio, diabetes, hepatitis, and rheumatic fever combined. Those cases do not include the numbers of cases in child abuse that go unseen and unreported. In order to help prevent child abuse and neglect, whether it be with our own children or the children of others, the following information is important to know.

What Is Child Abuse?

Child abuse refers to an injury or a pattern of injuries to a child for no reasonable explanation. There are four types of child abuse:

--Nonaccidental physical injury includes severe beating, burning and scalding, and human bites.
--Sexual molestation is the use of the child for the sexual pleasure of the adult.
--Neglect involves the failure to provide the necessities of life--food, clothing, shelter, cleanliness, education, or medical care.
--Psychological or emotional abuse involves constant teasing, ridicule, shaming, belittling, or other verbal attacks, locking the child in a closet, terrorizing, and rejecting the child.

Child abuse is usually not a single attack. It occurs through a pattern of attacks which get worse if help is not found. The children themselves are usually not the cause of the abuse. They just happen to be nearby and are unable to protect themselves when the abuser loses control.

What Are The Characteristics Of An Abuser?

Abusers are usually ordinary people who are caught in situations that they are not able to handle emotionally. They come from all socioecomonic levels, ethnic groups, geographic locations, educational backgrounds, occupations, and religions. Some of the characteristics of an abuser are listed below:

--Feels inadequate, desperate, frustrated, or lonely.
--Lacks the ability to cope with children.
--Was abused as a child. Abusing is the only kind of parenting he/she knows.
--Is easily provoked. When irritated, the abuser reacts quickly and violently, much like a child.
--Doesn't feel that a crying infant should be picked up and comforted. The abuser feels that doing so leads to spoiling the child.
--Wants to show the child who is boss.
--Imposes unrealistic expectations of the child. Demands perfect behavior.
--Does not know and understand the development of children.
--Looks at children as being little adults.
--Feels that those who do not obey should be punished.

Who Is Responsible For Reporting Child Abuse?

It is against the law in every state to abuse a child. States require doctors, social workers, and child care workers to report cases in which they suspect cases of child abuse and neglect. Any citizen who knows of a possible case, should report it to the closest Bureau of Social Services office or child welfare agency immediately. People who report cases in good faith cannot be sued.

What Can Happen If You Don't Report A Case Of Child Abuse?

If a case of child abuse is not reported, the child will continue to be abused and/or neglected. If a person knowingly and willfully fails to report or to cause a report to be made, the person may be fined not less than $10 nor more than $100.

What Happens When A Report Is Made?

When a report is received by the Bureau of Social Services office, it is investigated immediately by a social worker. It is the responsibility of the worker to determine if the child is in danger. If the child is not in danger, the social worker will report back to the person who made the report. If the child has been abused and/or neglected, but is in no immediate danger or further harm, the social worker will work with the family to help eliminate the problem. If the child is abused and is in immediate danger, the Department of Human Resources (of which the Bureau of Social Services is a part) may petition the court to ask for temporary custody of the child. The child may then be put in a foster home or with relatives until the parent(s) are ready emotionally for the child to return home.

What Can Be Done To Help The Abuser?

It makes us feel very angry at adults when they abuse or neglect their children. However, putting abusers in jail does not help them solve the problem. Most abusers love their children, but they cannot cope with stress situations. They need help. Trying to understand their feelings will help us help them overcome their problem. The following agencies may of great help to abusers:

--Government, private, and volunteer counseling programs, such as Parents Anonymous (a national self-help organization of parents with child abuse problems)

--Crisis nurseries (places for troubled parents to leave their children for short periods of time)

Student Self-Check

PROMOTING CHILDREN'S WELL-BEING

Directions: Answer the following questions on a separate sheet of paper. Check your answers against those provided on p. 13.

1. (True False) Child abuse and neglect is becoming one of the leading killers of young children.
2. Define the term "battered child syndrome."
3. Name two types of child abuse.
4. List five characteristics of a child abuser.
5. Who is responsible for reporting cases of child abuse?

Student Self-Check

ANSWERS
PROMOTING CHILDREN'S HEALTH CROSSWORD PUZZLE

Across

1. Regular
2. Twice
4. Immunizations
5. Communicable
10. Air
11. Doctor
13. Vaccine
14. Appetite

Down

3. Basic Four
5. Comfortably
6. Mental
7. Accidents
8. Water
9. Nap
12. Pain

Student Self-Check

ANSWERS
PROMOTING CHILDREN'S WELL-BEING

1. True

2. "Battered child syndrome" refers to child abuse and neglect, which is an injury or pattern of injuries to a child for no reasonable explanation.

3. --Nonaccidental physical injury
   --Sexual molestation
   --Neglect
   --Psychological or emotional abuse

4. --Feels inadequate, desperate, frustrated, or loney.
   --Lacks the ability to cope with children.
   --Was abused as a child.
   --Is easily provoked.
   --Doesn't feel that a crying infant should be picked up and comforted.
   --Wants to show the child who is boss.
   --Imposes unrealistic expectations of the child.
   --Does not know and understand the development of children.
   --Looks at children as being little adults.
   --Feels that people who do not obey should be punished.

5. Any citizen, especially doctors, social workers, and child care workers

Evaluator's Final Checklist

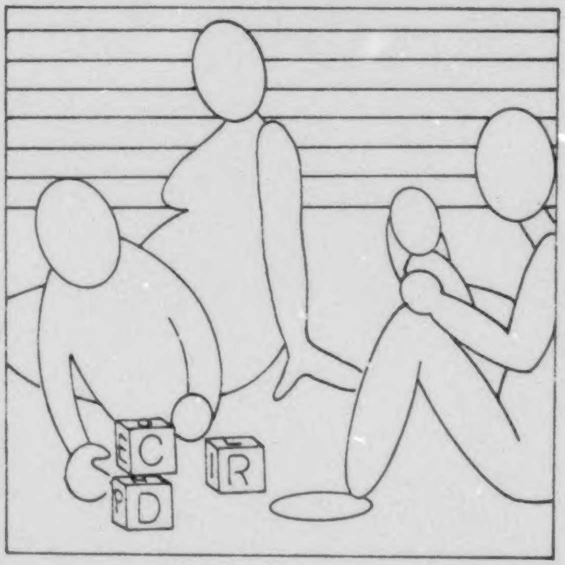
PROMOTING CHILDREN'S HEALTH AND WELL-BEING

Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
The student completed the Check-Out Activity Sheet with 80% accuracy.	( )	( )	( )

HUMAN DEVELOPMENT

HELPING CHILDREN COPE WITH FEARS



INTRODUCTION

Fear is a natural emotion. It is nature's way of alerting us to possible danger. All children develop certain fears. Teaching them how to cope with their fears will help them become more self-confident and secure. In this module, you will learn about the fears of children and ways to help them cope with or overcome fears as they mature.

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVE

When you finish with this module, you will be able to help children cope with their fears.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, HELPING CHILDREN COPE WITH FEARS.

LEARNING ACTIVITIES

1. BRAINSTORM childhood fears with two classmates,

   (and/or)_______________.

2. READ Student Information, COPING WITH CHILDHOOD FEARS, pp. 3-4. DISCUSS the Student Information in a small group or with the whole class,

   (and/or)________________.

3. ROLEPLAY, with a classmate, situations in which children have fears. Your instructor will provide roleplay situations,

   (and/or)________________.

4. COMPLETE Student Self-Check, COPING WITH CHILDHOOD FEARS, p. 4.

5. WORK with your instructor to plan and carry out a related FHA/HERO activity,

   (and/or)________________.

6. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

Student Information

COPING WITH CHILDHOOD FEARS

During the course of a lifetime most people experience many fears. Fear is a natural emotion. It is nature's way of alerting us to react to possible danger. It prepares us to protect ourselves from something that threatens us.

At about six months of age most babies begin to experience the emotion of fear. Before that age they generally do not feel threatened by particular objects or events. Babies have no skills in coping with their fears. As they develop and mature they can learn to handle their fears--especially when they have understanding and informed caregivers. Various fears come and go depending on our basic feelings of trust, personal safety, and sense of security.

Some fears are good. Children need to be afraid of those things which will hurt them, such as cars in the street. However, a fear of cars to the point of being afraid to cross the street at all can become unhealthy. Children who have unhealthy fears are unhappy children. If they don't learn to cope with unhealthy fears, they will sooner or later suffer emotional and behavioral problems.

We cannot always help children overcome all their fears, but we can help them learn to cope with them. Read the suggestions below:

--Recognize when a child is fearful and try to find the causes.

--If the child is old enough to talk, let him/her talk about the fears. Give honest explanations of what the child fears.

--Provide affection and reassure the child that he/she is safe and secure.

--If you have fears that the child can sense, try to overcome them so the child does not learn your fears.

--Avoid making fun or shaming the child about his/her fears.

--Be patient and understanding.

--Avoid trying to argue the child out of a fear.

--Protect the child from the fear until the child can handle it. For example, if a child fears the dark, leave on a light in the hall until the fear is overcome.

--Use play to help a child handle fears.

--Never use fear as a method of discipline. For example, don't threaten the child with the things he/she fears.

Children react to fears in many ways. Sometimes it is hard for you to interpret that the child has a fear or what the fear is.

During infancy, babies may fear strangers, strange objects, sudden loud noises, sudden movements, and/or high places. They may react to their fears by:

--Crying
--Screaming
--Stiffening of their body
--Holding their breathe
--Clinging to the parent or caregiver

Toddlers and preschoolers sometimes fear storms, policemen, the dark, animals, certain noises, loosing their parents, death, and imaginary dangers such as the "boogie" man, ghosts, and monsters. They may react to their fears by:

--Withdrawing, such as running and/or hiding

--Shyness
--Seeking the comfort of a parent or other adult
--Crying
--Sucking thumb or pacifier

School-age children may be afraid of starting to school or going to school. Some of their fears include immunizations, "separation anxiety" (the fear of being without their parents for protection and care), not being accepted by their classmates, a "bully" or a teacher, school failure, being hurt physically, and current events that they hear about on the news such as war, pollution, etc. Children of this age may react to or cope with their fear by:

-- Withdrawing (being by themselves or not talking)
--Developing nervous habits such as nail biting, thumb sucking, or twisting a strand of hair
--Bedwetting
--Asking questions
--Wanting to talk about the cause of the fear
--Acting uninterested or behaving badly

Realizing the fears of children and helping them deal with those fears in positive ways will help them have a healthier, happier life.

Student Self-Check

COPING WITH CHILDHOOD FEARS

Directions: On a separate sheet of paper, give one way to help the child cope with fear in each of the case situations. Check your answers against those provided on p. 5.

1. A sudden loud noise causes six-month-old Carrie to jump and scream.

2. Three-year-old Bill is afraid to sleep in his room because its dark.

3. Four-year-old Joshua is afraid that a wolf will jump out of the basement storage closet and eat him up.

4. Mrs. Jones left four-year-old Gary at the day care center to go shopping. Gary shows signs of separation anxiety.

5. Five-year-old Georgette found her bird, Tweety, dead in his cage. She later talks about death and seems to be afraid.

6. Eight-year-old Joey expresses much fear that a war is going to happen and his home and family will be blown up.

Student Self-Check

POSSIBLE ANSWERS
COPING WITH CHILDHOOD FEARS

1. Hold Carrie close to you and softly talk to her.

2. Get Bill a night light for his room or leave the hall light on and the door to his room open.

3. Show Joshua that there is no wolf in the basement storage closet. Try to discover where he is getting such fears and explain why he may be afraid.

4. Mrs. Jones should tell Gary when she will return to pick him up. She should say good-bye affectionately, but cheerfully and confidently. Then she should leave without a backward glance.

5. Tell Georgette that all of us will die someday and that dying is a normal part of life. Tell her people usually don't die until they are older.

6. Admit to Joey that you too are afraid of war. Give frank answers to his questions. Avoid gruesome details.

Evaluator's Final Checklist

HELPING CHILDREN COPE WITH FEARS

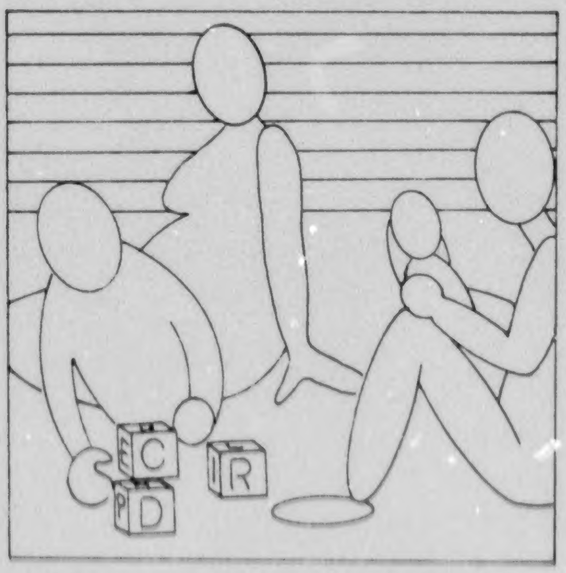
Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

In helping or explaining how to help a child cope with fear, the student:	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
a. Identified the child's fear	( )	( )	( )
b. Tried to determine the cause of the child's fear	( )	( )	( )
c. Responded to the fear reaction in a positive way	( )	( )	( )
d. Demonstrated an understanding of the child's fear	( )	( )	( )
e. Suggested a way or ways for the child to cope with the fear . . .	( )	( )	( )

Module HD-39

HUMAN DEVELOPMENT

TOILET TRAINING



INTRODUCTION

Toilet training is a task that requires patience and time on the part of parents and caregivers. Age, physical, mental, and emotional development all affect a child's ability to learn to control bowels and bladder. Keep in mind that this rate of development differs from child to child. In this module, you will learn the basics for toilet training a child.

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVE

When you finish this module, you will be able to complete a test on toilet training with 80% accuracy.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, TOILET TRAINING.

LEARNING ACTIVITIES

1. READ and COMPARE different opinions about toilet training in references provided by your instructor,

   (and/or)________________.

2. READ and DISCUSS Student Information, THE BASICS OF TOILET TRAINING, pp. 3-7. COMPARE information here with the information you read in the first Learning Activity,

   (and/or)________________.

3. VIEW a display of equipment and clothing needed for toilet training. DISCUSS the need for and purpose of each item on display,

   (and/or)________________.

4. COMPLETE Student Self-Check, THE TOILET TRAINING PROCESS, p. 7.

5. WORK with your instructor to plan and carry out a related FHA/HERO activity,

   (and/or)________________.

6. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

Student Information

THE BASICS OF TOILET TRAINING

Toilet training (sometimes called "potty training") a child is not always an easy job. Parents and caregivers must remember that the child has to learn to control muscles that he/she has never before had to control. This process often takes time and practice. The child also has to learn to communicate the need to use the toilet or "potty" in time to get there and get clothing down.

When toilet training a child, several things must be considered.

1. The child's body must be ready physically. Certain bladder and rectal muscles and parts of the nervous system must be developed enough for the child to begin exercising some control over urination and bowel movements.
2. The child must be ready mentally in order to understand what is expected.
3. The child must be ready emotionally in order to cooperate.
4. The parents and caregivers must provide a casual, friendly atmosphere that is free of pressure. They must be able to support and encourage the child and to accept accidents.

Psychologists believe that spanking, scolding, and shaming a child for not being able to control bowel movements or urination can have an unwholesome effect upon the child's emotional health not only during the toilet training period but also in later life. A harsh parent may break the child's feelings of self-worth as well as breaking him/her from wetting or soiling pants.

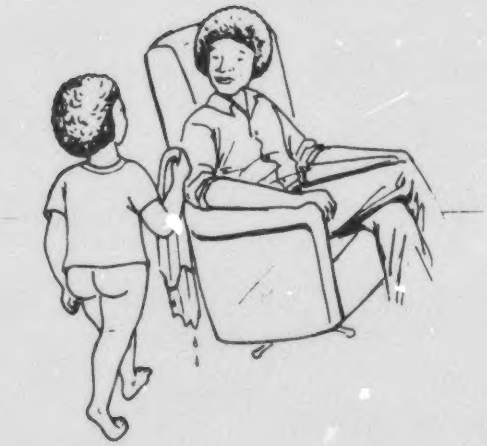
Toilet training usually begins between eighteen and twenty-seven months of age. The training period may take a few days or it may take several months. The time period differs from child to child because development rates vary. Do not be tempted to begin toilet training before your child is ready just because other parents, friends, or family are pressuring you. Toilet training is an individual matter. The child's development must be respected.

Most children are usually ready to start bowel training months before bladder training. This is because the bowels cause a more definite pressure when they need to be emptied. The bowel movement usually occurs at a definite time each day, usually after a meal. This varies from child to child. Keeping a record of the child's elimination pattern will help you to determine the times for encouraging the child to use the toilet.

Urination does not always occur regularly. It is easily affected by the quantity of liquid drunk, by excitement, by approaching illness, and by the size of the bladder.

Signs of Readiness for Toilet Training

1. The period between urination is longer.
2. The child comes to you to have a wet and/or soiled diaper changed. This indicates an awareness of the need to stay dry.

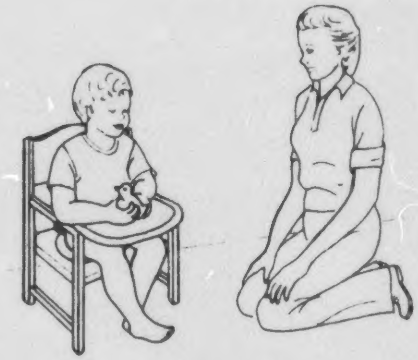


3. The child shows an interest in the toilet habits of other family members.
4. The child holds the genital area, tugs at the diaper, or crosses the legs tightly when needing to urinate.
5. The child talks about, or understands what you say about, toilet training.

Basic Routine for Toilet Training a Child

1. Prepare for toilet training by obtaining equipment and clothing that will promote the process.

   Many children prefer a free-standing training chair with a removable potty to a seat that fits the standard commode. It is closer to the floor so the the child can get on and off without help. The child will not be afraid of falling in or being flushed down. Also, the training chair can be moved to different areas of the house.



   If a training seat that fastens to the standard commode is used, provide a footrest so that the child's feet do not dangle while sitting on the toilet seat.

   Training pants help a child to begin to feel more prepared. It shows the child that the parents or caregivers have confidence in him/her. Training pants are easier than diapers to pull off and on as the need arises. Also, training pants are less absorbent than diapers. This makes wetting or soiling the pants more uncomfortable and the child is motivated to use the training chair.

2. Determine readiness for toilet training. When the child shows some of the signs of readiness, begin training and proceed slowly. Do not rush the child.

3. Observe and record the child's usual elimination times. The bowel movements will be more regular than urination.

4. Place the child on the training chair, or toilet seat that is fastened to the commode, at the times indicated by the record. Usual times for elimination are before and after naps and meals, before going to bed at night, and after the child has been dry for a couple of hours.

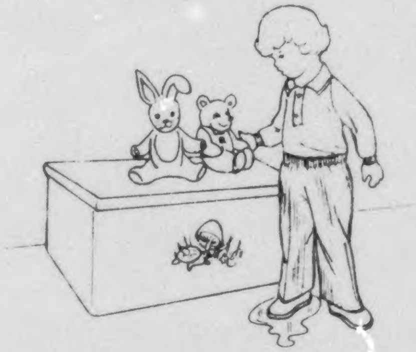
   This is the adult's responsibility until the child knows to communicate the need to use the toilet or until he/she can do it alone. Simply say, "It's time to use the toilet (or potty)." Encourage and be patient with the child. Do not force the child to stay on the training chair or seat. If the child wants down and has not yet eliminated, he/she should be allowed to do so. Do not say or do anything to suggest anger or disappointment.

5. Every family has its own words for the need to urinate or have a bowel movement. It is important for the child to know what to say to tell the parent or caregiver when he/she needs to use the toilet.

6. Praise the child for success. However, be careful with too much praise. If a child is praised too much and then has an accident, failure may seem too serious. Achieving bladder and bowel control helps develop a sense of security, self-confidence, and independence.

   NOTE: If using a training seat fastened to the commode, remove the child from the commode before flushing. The rush of water sometimes scares the child.

7. Refrain from scolding due to a lack of success while sitting on the training chair or due to an accident. Scolding, shaming, and punishing confuses and makes the child have a bad self-image. (Shaming may be the cause of the child feeling that his/her sexual organs are something to be ashamed of since the child may associate elimination with the sexual organs. Also shaming sometimes causes the child to hold in which leads to kidney and bladder problems or constipation.) If the child has an accident, casually say, "You can use the training chair the next time you have to _____(whatever term you and the child use for elimination)".



Also, refrain from scolding or punishing if a child plays in the feces (waste that is eliminated from the bowels). The child is naturally curious and feels pride for what he/she has produced. The feces are soft and may feel good to the touch. When the parent or caregiver acts disgusted or indicates that playing in the feces is bad or nasty, the child becomes confused. (At one point the child is praised for having the movement, and then at another time is told that it is bad or nasty.) Calmly and casually clean the child and the area. You may want to allow the child to play with clay. Explain that we don't play with feces , but we can play with clay or finger paints. The clay or finger paints offer the same "touch" experiences as the soft feces. This tends to satisfy the child's curiosity.

Procedure for Emptying and Sanitizing the Training Chair

After the child eliminates, it is important to empty and sanitize the training chair. The steps for doing this are as follows:

1. Assemble the cleaning supplies and equipment:
   - --Detergent
   - --Disinfectant or baking soda
   - --Brush
   - --Sponge or cloth
   - --Bucket or basin
   - --Towel
   - --Soiled training chair
2. Prepare a bucket or basin of hot, sudsy water.
   NOTE: Baking soda or disinfectant may be added as a deodorizer.
3. Remove the bowl from the training chair and empty the contents into the commode.
4. Wash the bowl in the prepared bucket or basin of hot, sudsy water.
   NOTE: Allow the bowl to soak in the solution if there is a hardened residue.
5. Scrub the bowl with a brush to remove residue.
6. Rinse the bowl inside and outside with hot water.
7. Drain the bowl and towel dry.
8. Wipe the chair with cleaning solution and dry.
9. Replace the bowl in the training chair.

Later Accidents

Accidentally wetting or soiling the pants can be expected throughout the preschool years. Accidents occur for a variety of reasons:

--excitement
--illness
--being afraid
--engrossed in play
--tired
--unusual happenings, such as a move to a new home, a new baby in the family, separation from a parent, being in an unfamiliar place and not knowing where the bathroom is
--a "silent protest" that the child makes to indicate that he/she is under too much pressure
--cold weather (which causes more frequent urinations)
--tight-fitting clothes
--a change in routines, such as mealtimes or sleeping habits
--to get attention

If there are several accidents after a long dry span, try to determine the cause or reason for the child's loss of control.

Bedwetting in older children (medically referred to as enuresis) may be due to a physical or psychological problem or a result of severe training methods. The pediatrician or family doctor should be consulted about bedwetting. The child may need a physical examination to determine any physical reasons for the problem, such as an infection or an improper functioning of the bladder. Emotional pressures increase as a child gets older, so the sooner a child can be helped with the problem the better. Do not shame or humiliate the child. Doing so only makes the problem worse.

Some of the following suggestions may be used to help the child gain control of bed wetting.

1. Have the child to drink more fluids during the day and keep from urinating as long as possible. This helps the bladder to hold more.

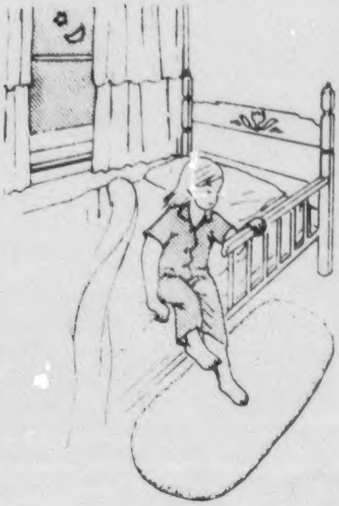
2. Avoid exciting the child before bedtime.
3. Avoid teasing or fussing, especially at bedtime.
4. Show love and affection toward the child. Give plenty of attention.
5. Avoid discussing or fussing about the wet bed and the extra work the child causes.
6. Take the child to the bathroom just before bedtime.
7. Limit the amount of fluids the child drinks during the hours before bedtime.
8. Get the child up during the night to urinate.

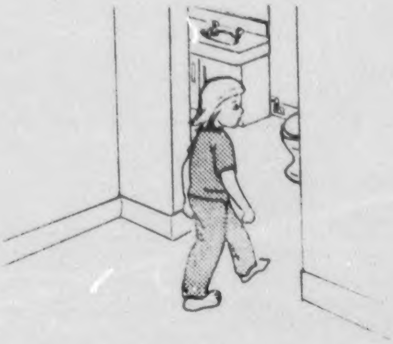
Student Self-Check

THE TOILET TRAINING PROCESS

Directions: On a separate sheet of paper answer the following questions. Check your answers against those provided on p. 8.

1. A child must be ready _____, _____, and _____ for toilet training.
2. Why is a child ready to start bowel training before bladder training?
3. List three signs that a child is ready for toilet training.
4. List five of the seven routines suggested for toilet training.
5. List five reasons for a child accidentally wetting or soiling his pants.
6. List three ways to help a child gain control of nighttime dryness.





Student Self-Check

ANSWERS
THE TOILET TRAINING PROCESS

1. --physically
   --mentally
   --emotionally

2. The bowels cause a more definite pressure when they need to be emptied. Bowel movements occur less frequently and at a more regular time each day.

3. --The periods between urination is longer.
   --The child comes to you to have a wet and/or soiled diaper changed.
   --The child shows an interest in the toilet habits of other family members.
   --The child holds the genital area, tugs at the diaper, or crosses the legs when needing to urinate.
   --The child talks about, or understands what you say about, toilet training.

4. --Prepare for toilet training by obtaining equipment and clothing that will promote the process.
   --Determine the child's readiness for toilet training.
   --Observe and record the child's usual elimination times.
   --Place the child on the training chair, or toilet seat that is fastened to the commode, at the times indicated by the record.
   --Teach the child appropriate words to use for elimination.
   --Praise the child for success.
   --Refrain from scolding due to a lack of success while sitting on the training chair or due to an accident.

5. --excitement
   --illness
   --being afraid
   --engrossed in play
   --tired
   --unusual happenings, such as a move to a new home, a new baby in the family, separation from a parent, being in an unfamiliar place and not knowing where the bathroom is
   --a "silent protest" that the child makes to indicate that he/she is under too much pressure
   --cold weather (causing more frequent urination)
   --tight-fitting clothes
   --a change in routines, such as mealtimes or sleepng habits
   --to get attention

6. --Have the child to drink more fluids during the day and keep from urinating as long as possible.
   --Avoid exciting the child before bedtime.
   --Avoid teasing or fussing, especially at bedtime.
   --Show love and affection toward the child.
   --Avoid discussing or fussing about the wet bed and the extra work the child causes.
   --Take the child to the bathroom just before bedtime.
   --Limit the amount of fluids the child drinks during the hours before bedtime.
   --Get the child up during the night to urinate.

Evaluator's Final Checklist

TOILET TRAINING

Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
The student completed the Check-Out Activity Sheet with 80% accuracy	( )	( )	( )

Module HD-40

HUMAN DEVELOPMENT

SELECTING CHILD CARE SERVICES

INTRODUCTION

When selecting a child care giver and/or a child care facility, many factors must be taken into consideration. The most important factor to keep in mind is the health and well-being of your child or children. In this module you will learn how to select child care services.

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVE

When you finish this module, you will be able to complete a test about selecting child care services with 80% accuracy.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, SELECTING CHILD CARE SERVICES.

LEARNING ACTIVITIES

1. READ about child care services in references provided by your instructor. RESEARCH the questions on Student Information, CHILD CARE SERVICES, p. 3,

   (and/or)________________.

2. SURVEY your community to find out the kinds and costs of child care available. SHARE your findings with classmates,

   (and/or)________________.

402

3. DISCUSS Student Information, SELECTING CHILD CARE SERVICES, p. 3, with classmates,

   (and/or)________________.

4. COMPLETE Student Self-Check, CHOOSING CHILD CARE, pp. 3-4.

5. WORK with your instructor to plan and carry out a related FHA/HERO activity,

   (and/or)________________.

6. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

Student Information

CHILD CARE SERVICES

Directions: Research the following questions using the references suggested by your instructor. Write your answers on a separate sheet of paper. Check your answers against those provided by your instructor.

1. Why is there a trend toward placing children in child care centers? List three reasons.
2. List six types of child care.
3. What is meant by the term, "latch-key children"?
4. List factors that influence the choice of child care.
5. What is the purpose of licensing child care facilities?
6. List six things to consider when choosing a child care service.

Student Information

SELECTING CHILD CARE SERVICES

When selecting child care services, the primary concern is always the needs of your child or children. Other points of concern include the following:

--the amount of money that you can afford to pay for child care services.
--the location of the child care service in relation to your work.
--the hours of service offered by the child care service.

With the above points in mind, you will need to survey your community for the available child care services. You may prefer a baby-sitter, either in your home or in the babysitter's. Or you may prefer a child care facility. As you survey the available child care services, you may get information in the following ways:

--by asking friends or neighbors who use the child care services.
--by telephoning child care facilities or child care givers and asking questions.
--by visiting child care facilities.

You may ask some of the following questions as you make your decision about the appropriate service to care for your child:

--Is the child care center licensed? Is it inspected regularly?
--Is the facility safe and sanitary?
--Is there an appropriate ratio of adults to care for children?
--How many children are served by the facility?
--Are the child care workers trained for their jobs?
--What is the weekly cost for the care of one child? Of two or more children?
--What kinds of foods are served?
--Do you have to provide any items for the child, i.e., diapers, training pants, smocks, snack foods?
--Is there a planned curriculum (learning activities) offered for the children or is it basically a babysitting service?
--Are there a variety of toys for the children to play with?
--Is there a daily routine set up that will help the children adjust quickly and help them feel secure?
--What are the hours of service?

Student Self-Check

CHOOSING CHILD CARE

Directions: Answer the following questions on a separate sheet of paper. Check your answers against those provided on p. 5.

1. When selecting child care services, the primary concern is always ______.

2. List two other points of concern to consider when choosing child care.
3. List two sources of information about child care services in a community.
4. List four types of child care.
5. What is the purpose of licensing child care facilities?

Student Self-Check

ANSWERS
CHOOSING CHILD CARE

1. The needs of the child(ren)

2. --The amount of money available to pay for child care
   --The location of the child care
   --The hours of service of the child care

3. --Neighbors
   --Friends
   --Telephoning child care facilities
   --Visiting child care facilities

4. --Day care centers
   --Licensed home care
   --Nursery schools
   --Montessori schools
   --Parent cooperatives
   --Play groups
   --Head Start
   --Babysitters

5. To insure minimum standards of care, health, and safety.

Evaluator's Final Checklist

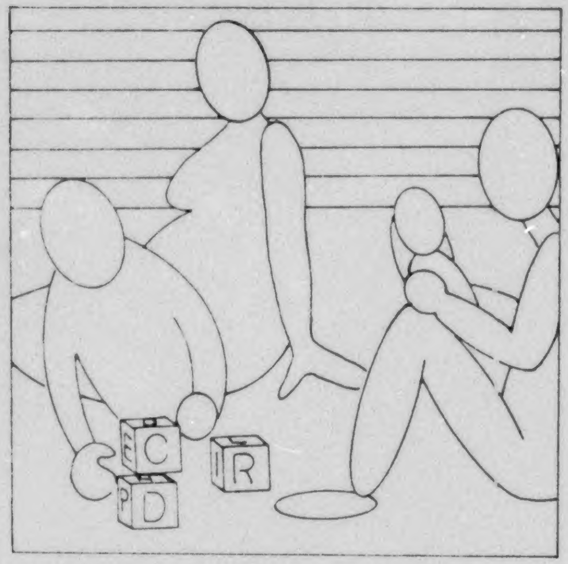
SELECTING CHILD CARE SERVICES

Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
The student completed the Check-Out Activity Sheet with 80% accuracy.	( )	( )	( )

HUMAN DEVELOPMENT

PROVIDING EDUCATIONAL OPPORTUNITIES FOR CHILDREN



INTRODUCTION

Parents should be interested and involved in their children's education. Many educational experiences can be provided in the home. Children can learn from their parents and brothers and sisters. They learn as they interact with other family members. They learn from parents who supervise and guide them. Other educational opportunities can be provided through a private or public educational system, special lessons and training, career or vocational training and/or college education. In this module you will learn about providing educational opportunities for children from early childhood through college or vocational training.

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVE

When you finish this module, you will be able to complete a test about providing educational opportunities for children with 80% accuracy.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, PROVIDING EDUCATIONAL OPPORTUNITIES FOR CHILDREN.

LEARNING ACTIVITIES

1. RESEARCH the questions given in Student Information, EARLY CHILDHOOD EDUCATION, p. 3. USE the references provided by your instructor. DISCUSS your answers in a circular response with classmates,

   (and/or)________________.

2. VIEW a filmstrip or filmstrips, provided by your instructor, about the school experience. DISCUSS, in a large group, the information provided in the filmstrips,

   (and/or)________________.

3. READ about getting a child ready for school in two references provided by your instructor. ANSWER the questions on Student Information, THE SCHOOL EXPERIENCE, p. 3,

   (and/or)________________.

4. READ Student Information, EDUCATIONAL OPPORTUNITIES FOR CHILDREN, p. 3,

   (and/or)________________.

5. COMPLETE Student Self-Check, EDUCATIONAL OPPORTUNITIES CROSSWORD PUZZLE, p. 6.

6. WORK with your instructor to plan and carry out a related FHA/HERO activity,

   (and/or)________________.

7. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

Student Information

EARLY CHILDHOOD EDUCATION

Directions: Research the following questions using references provided by your instructor. Write your answers on a separate sheet of paper. After completing your answers, have a circular response with classmates.

1. List four places that provide early childhood education experiences.
2. What is the difference between day-care centers and preschools?
3. List eight ways that early childhood centers (day care centers, preschools, nursery schools, and kindergarten) help the development of young children.
4. List five points to keep in mind when choosing an early childhood center.

Student Information

THE SCHOOL EXPERIENCE

Directions: Research the following questions about the school experience in references provided by your instructor. Write your answers on a separate sheet of paper. Check your answers against those provided by your instructor.

1. (True False) Going to school is a major adjustment for children.
2. List four things that affect early school experiences.
3. List four ways a parent can help a child more easily adjust to school.
4. (True False) Early school experiences often affect a child's outlook on school for many years.
5. Children should be able to do self-help skills before starting to school. Name four of these self-help skills.
6. Reading is one of the most important skills learned during the first year of school. List three things that determine a child's reading readiness.
7. What are the three mental abilities that play an important role in early school adjustment?
8. What responsibilities does a parent have for a child's homework?
9. List four reasons why children have problems in school.
10. What are some kinds of "giftedness" in children?
11. Define "mainstreaming."
12. What two conditions must be present in order for a disabled child to be mainstreamed with normal children?

Student Information

EDUCATIONAL OPPORTUNITIES FOR CHILDREN

Public or Private Education

When parents are getting ready to enroll their child in school, they may consider one of two kinds that are available: the public school or a private school. They must consider their location, the community they live in, and their financial means. They may consider the following factors concerning the two types of schools.

In the public school systems, the following factors will influence the parents choice:

-- Public schooling is provided free except for supplies such as paper, pencils, etc.

-- Public education usually provides more curriculum offerings.

-- Public education may provide more opportunities for extracurricular activities.

-- Bus service is usually provided.

-- Social problems, such as discipline, drug abuse and equal rights, are not as easily controlled as in private schools.

-- Individual student attention may not be as available as in private schools.

The private school may be the choice of some families because:

-- It offers more control over social situations.

-- It may offer a student better individualized counseling and instruction.

-- It may provide a social status that is desired.

-- It may be limited to the attendance of one sex, such as a private girls' or boys' school.

-- It is affiliated with a church, the military, or other organization with a philosophy that the parents want their child exposed to.

When selecting a public or private school, the following points should be considered:

-- What is the cost?

-- What services and opportunities are provided?

-- What is the philosophy of the educational system?

-- Will the child be happy?

-- What are the procedures for enrolling?

Answers to these questions can be provided by calling the school administration and registration office.

Special Lessons and Training

Parents often encourage their children to develop their talents or to discover their talents by enrolling them in special lessons or training classes. The training is usually geared to a specific area of development. Some of these are listed below:

-- Sports such as swimming, tennis, gymnastics.

-- Dance, such as ballet, tap dancing, modern dance, disco.

-- Music, such as voice or playing an instrument.

-- Art, such as illustration, oil painting, water colors, crafts.

For many children the training is begun at a young age so that progress and a degree of excellence can be achieved. This helps a child to be ambitious and self-displined. It also helps to develop self-esteem.

When arranging for specific training, the following points should be determined:

-- What organizations and facilities offer the training?

-- How close are the facilities to home?

-- What is the cost of the desired training? Is it paid periodically or in a lump sum?

-- What equipment, uniforms, costumes, and/or instruments will be needed?

-- What are the enrollment procedures?

-- What are the frequency, time, and duration of the training?

To find out about the availability of special lessons and training, call the local YMCA, the office of parks and recreation, chamber of commerce, and/or the local newspaper office.

Career and Vocational Training

Career education has become a part of most public school curriculum. As a student enters high school, he/she may wish to begin career or vocational training. This may be provided in conjunction with regular high school classes. Some vocational education classes are offered within the high school or in an area vocational education center or a vocational-technical education school. High school and vocational guidance counselors can advise students about course and program offerings of particular interest to them. Counselors can give students specialized testing to determine their abilities and strengths in the vocational areas.

Training in particular vocations helps students to be directed to meaningful goals. It helps them to be ambitious, industrious, and concerned about developing saleable skills. It also helps them to develop a sense of pride and to build self-esteem.

Youth organizations sponsored by vocational educators are an integral part of career and vocational training. These organizations develop outstanding qualities of character, leadership, service, and citizenship. Such youth organizations include the following:

-- Distributive Education Clubs of America (DECA)

-- Future Business Leaders of American (FBLA)

-- Future Farmers of America (FFA)

-- Future Homemakers of America/Home Economics Related Occupations (FHA/HERO)

-- Health Occupations Students of America (HOSA)

-- Vocational Industrial Clubs of America (VICA)

Working in these youth organizations helps students to see the importance of quality workmanship, cooperative effort, and, teamwork. It also provides important association with people in the world of work. It helps the student to tie together learnings, attitudes, and beliefs into a philosophy of life.

College or University Training

Many students desire to obtain an education in higher learning and are encouraged by parents and/or friends to do so. The high school guidance counselor or college representative should be consulted about the following points:

-- Colleges and universities offering a degree in the particular area of the student's interest

-- Costs of the colleges and universities being considered

-- Financial help available, such as grants, loans, scholarship and/or work-study programs

-- Housing available

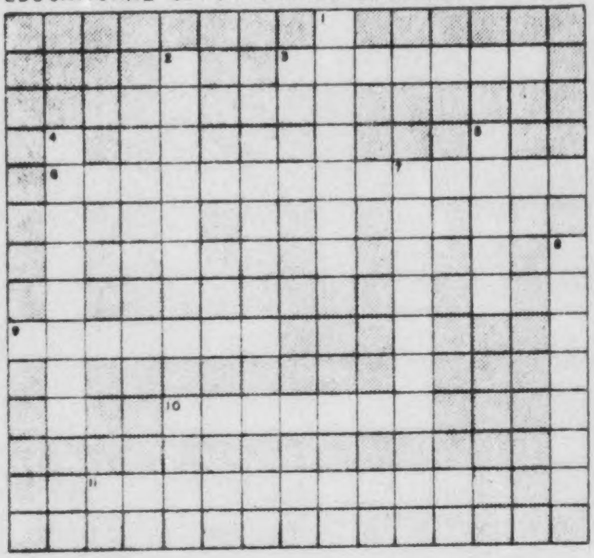
-- Testing and entrance examinations

Student Self-Check

EDUCATIONAL OPPORTUNITIES CROSSWORD PUZZLE

Directions: Your instructor has copies of the Educational Opportunities Crossword Puzzle. Obtain a copy and use the words suggested by the following statements to complete the puzzle. Check your answers against those provided on p. 7.

EDUCATIONAL OPPORTUNITIES CROSSWORD PUZZLE



ACROSS

3. __________ is one of the most important skills learned during the first year of school.

6. __________ __________ centers include day-care centers, preschool programs, nursery schools, and kindergartens (two words).

9. Parents often encourage their children to develop their talents by enrolling them in special __________ or training classes.

10. Many students who desire to obtain an education in higher learning are encouraged by parents and friends to attend __________.

11. As a student enters high school, he/she may wish to begin career or __________ training.

DOWN

1. Special __________ can be given by counselors to determine a student's abilities and strengths in the vocational areas.

2. __________schooling is provided free except for supplies such as paper and pencils.

4. Being able to go to the bathroom without help, being able to wash face and hands, and being able to put on outdoor clothing are __________ skills that children should be able to do before starting to school.

5. Working in __________ organizations helps students to see the importance of quality workmanship, cooperative effort, and teamwork.

7. In __________ centers, taking care of the physical needs of children is the main concern because there is nobody to take care of them at home.

8. The __________ school offers more control over social situations such as drug abuse, discipline, and equal rights.

Student Self-Check

ANSWERS

EDUCATIONAL OPPORTUNITIES FOR CHILDREN

Across

3. reading
6. early childhood
9. lessons
10. college
11. vocational

Down

1. testing
2. public
4. self-help
5. youth
7. day-care
8. private

Evaluator's Final Checklist

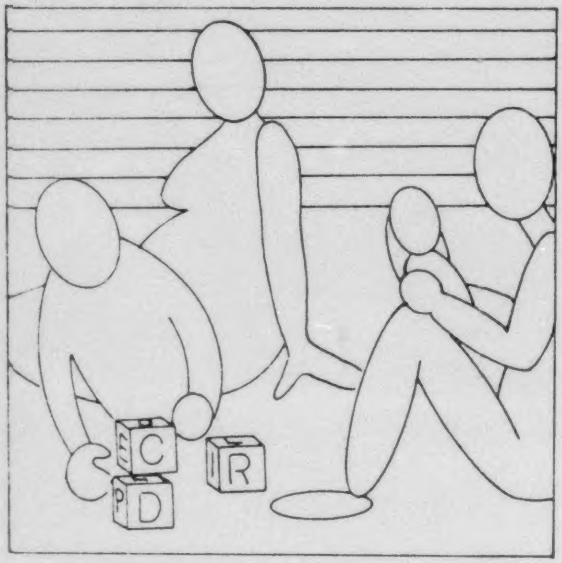
PROVIDING EDUCATIONAL OPPORTUNITIES FOR CHILDREN

Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
The student completed the Check-Out Activity Sheet with 80% accuracy	( )	( )	( )

HUMAN DEVELOPMENT

GUIDING CHILDREN TOWARD SELF-DISCIPLINE



INTRODUCTION

Expressing emotions is normal behavior for everyone--especially children. Children learn how to express their emotions in acceptable ways when their parents or caregivers use positive guidance techniques. In this module you will learn about the emotional development and needs of children and how positive guidance techniques can help children develop self-discipline naturally as they mature.

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVE

When you finish this module, you will be able to assist children in developing self-discipline.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, GUIDING CHILDREN TOWARD SELF-DISCIPLINE.

LEARNING ACTIVITIES

1. READ and STUDY about children's emotions in references provided by your instructor. COMPLETE Student Information, UNDERSTANDING THE EMOTIONS OF CHILDREN, p. 3,

   (and/or)________________.

2. COMPLETE Student Self-Check, CHILDREN'S EMOTIONS, p. 3.

3. READ about promoting responsible behavior in a reference provided by your instructor. COMPLETE Student Information, GUIDELINES TO RESPONSIBLE BEHAVIOR, p. 3,

   (and/or)________________.

4. READ about discipline in references provided by your instructor,

   (and/or)________________.

5. DISCUSS the questions listed on Student Information, DISCUSSION GUIDE ON DISCIPLINE, p. 3, in a small or large group of students,

   (and/or)________________.

6. OBSERVE and ANALYZE the methods of discipline used by parents of young children whom you know or whom you see in a grocery store, church, or other place in the community. RECORD your observations and REPORT the situations observed to the class,

   (and/or)________________.

7. READ Student Information, SOME PROBLEMS AND THEIR SUGGESTED SOLUTIONS, pp. 4-5,

   (and/or)________________.

8. ROLEPLAY with classmates situations in which discipline is needed. Your instructor will provide the roleplay situations. ANALYZE the roleplaying to determine whether or not the situations were handled in a way that would promote self-discipline,

   (and/or)________________.

9. COMPLETE Student Self-Check, APPLYING GUIDANCE TECHNIQUES, p. 6.

10. WORK with your instructor to plan and carry out a related FHA/HERO activity,

    (and/or)________________.

11. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

Student Information

UNDERSTANDING THE EMOTIONS OF CHILDREN

Directions: On a separate sheet of paper, answer the following questions using references provided by your instructor. Check your answers with those of your instructor.

1. List eight common emotions of childhood.
2. How do children's emotions and expression of emotions differ from those of adults?
3. Why is it important for an adult to know that there is a difference between an adult's and a child's emotions and the way they are expressed?
4. How do emotions affect children?
5. List five factors that cause increased emotions.
6. Define "emotional tolerance."
7. Three factors must be present for a child to learn to control his/her emotions. Name them.

Student Self-Check

CHILDREN'S EMOTIONS

Directions: On a separate sheet of paper, answer the following questions. Check your answers against the ones provided on p. 7.

1. How do children's emotions and expression of emotions differ from adult's emotions?
2. Why should an adult be aware of the difference between a child's emotions and his/her own?
3. List four ways that a child's emotions may affect him/her.
4. What three factors must be present for a child to learn to control his/her emotions?

Student Information

GUIDELINES TO RESPONSIBLE BEHAVIOR

Directions: On a separate sheet of paper, write the answers to the following question.

List guidelines that every caregiver should remember when guiding a child toward responsible behavior.

Student Information

DISCUSSION GUIDE ON DISCIPLINE

Directions: In a small group or large group of students, discuss the following topics concerning discipline. Discussion should be based on the readings that you have done.

Topic 1: DISCIPLINE - DEFINITION AND PURPOSE

a. What is discipline?
b. What is the aim or purpose of discipline?
c. How is love a part of discipline?

Topic 2: PUNISHMENT

a. How does punishment differ from discipline?
b. What are some of the acceptable forms of punishment?
c. "The punishment should fit the crime." What does this statement mean? Give examples.

Topic 3: REWARDS

a. How do rewards fit into discipline?
b. How can rewards serve as positive reinforcement?
c. Are rewards bribes? When does a reward become a bribe?

Student Information

SOME PROBLEMS AND THEIR SUGGESTED SOLUTIONS

Almost anytime children play there will be problems. In learning to handle these problems, a child learns to handle other problems life will bring. Adults should interfere only when necessary, and then only as a guide.

EXAMPLES OF PROBLEMS	SUGGESTED SOLUTION
Mary wants a toy that another child has, one that is dangerous and that is too advanced for her age.	Suggest an alternative toy or activity. Let Mary know you understand how she feels, but that she cannot have the toy. Explain why.
John is too young to play with a young visitor. He has problems knowing when and how to share.	Choose pairs of toys before the visitor arrives. Involve John in this activity. When the visitor arrives, allow each child enough room for individual play and give each a "like" toy saying: "Here's a puzzle for John and here's a puzzle for Sue." Let John present the toy; then compliment his sharing.
Ted has trouble sharing.	Don't force a child to share a prized possession. Help Ted choose "which" toy he wants to share rather than asking whether he will share.
Carolyn can't stand losing.	Compliment Carolyn when she tries to handle losing. Give her a follow-up task at which success is assured. Help her express her anger and frustration at losing in an acceptable way by setting a good example in your own actions.

EXAMPLES OF PROBLEMS	SUGGESTED SOLUTION
Eric bullies other children by taking away their toys.	Eric may bully other children because he wants attention. Ask Eric questions, such as: "Why don't you ask George to let you have the toy when he is through playing with it?" Take time to talk to him. Let him help you or have him to help other children. This type of guidance will promote a positive way of interacting with others.
Margaret constantly causes problems in order to get attention.	Ignore the problem behavior when possible. Compliment Margaret on her good behavior every chance you get. Spend time with her so she does not feel that she needs so much attention.
Jane takes too long to pick up her toys.	Set a timer or play a familiar record. Tell Jane the job must be finished before the timer sounds or the record stops. Make it fun by making it a race. Give Jane a reward if she wins (but do not bribe).
Jeremy does not want to take a nap.	Arrange for quiet play before bedtime. This should help Jeremy to quiet down. Warn him ahead so that nap time is not a surprise. (You may want to use a timer for ending play time.)

Always try to understand why the child is acting in a particular way. Also know what is important to the child. These two things will help you in guiding the child.

Student Self-Check

APPLYING GUIDANCE TECHNIQUES

Directions: On a separate sheet of paper, write the positive guidance techniques that you would use in each of the situations listed below. Check your answers against those suggested on p. 7 and determine where you made good choices. Answers may vary. There is no specific answer for handling a problem. When working with children you must look at their behavior and quickly think through the most positive way to guide each child toward self-discipline.

1. Betty, age three, begins to cry when Jane, age four, grabs a doll from her in the playhouse.
2. Gail, age four, tears pages from a library book even though she has been taught to take care of her books.
3. Ben, age five, likes to play outside. His mother finds it hard to get him inside to eat lunch.
4. Bill and Julie, both age four, are throwing blocks.
5. Cindy, age four, spills her milk on purpose.

Student Self-Check

ANSWERS CHILDREN'S EMOTIONS

1. --Children's emotions are stronger than those of adults.
   --Children's emotions are short-lived.
   --Children feel emotions more frequently.
   --Children's emotions are spontaneous.
   --Children's bodies express their emotions.

2. --So the adult will not be too harsh or critical of the child.
   --So the adult can provide for positive guidance.

3. --Give pleasure and/or unhappiness.
   --Increase and/or interfere with development of skills.
   --Increase and/or interfere with mental growth.
   --Help the child to be social.
   --Influence the child's outlook on life.
   --Affect the psychological atmosphere in the home.

4. --The child must want to control his/her emotions.
   --The child must have a substitute for the emotional outburst.
   --The child must gain satisfaction from the substitute.

Student Self-Check

POSSIBLE ANSWERS APPLYING GUIDANCE TECHNIQUES

1. Tell Jane that sometimes we want to play with toys that other children have; however, we must learn to wait our turn. Then give the doll to Betty, saying to Jane, "When it is your turn, you may play with the doll." Redirect Jane to another doll or toy.

2. Explain to Gail that books that do not belong to us should be taken care of when we use them just as we take care of our own. Get some tape and assist Gail in repairing the library book pages.

3. Ben's mother should let him know in advance that lunch will be served soon. If he tells her he does not want to eat, she should tell him the consequences: "If you (Ben) don't come in, you will miss lunch." She could invite him to help her in the kitchen. If Ben doesn't come in for lunch, the mother should carry out the consequences.

4. Explain to Bill and Julie that blocks are for building and that balls and beanbags are for throwing. Explain how blocks are dangerous and that we can get hurt or hurt others when we throw them. If the children continue to throw the blocks, take them away.

5. Tell Cindy that the milk was for her to drink. Since she spilled it, she will have to help clean it up. Give her extra attention later when her behavior is good.

Evaluator's Final Checklist

GUIDING CHILDREN TOWARD SELF-DISCIPLINE

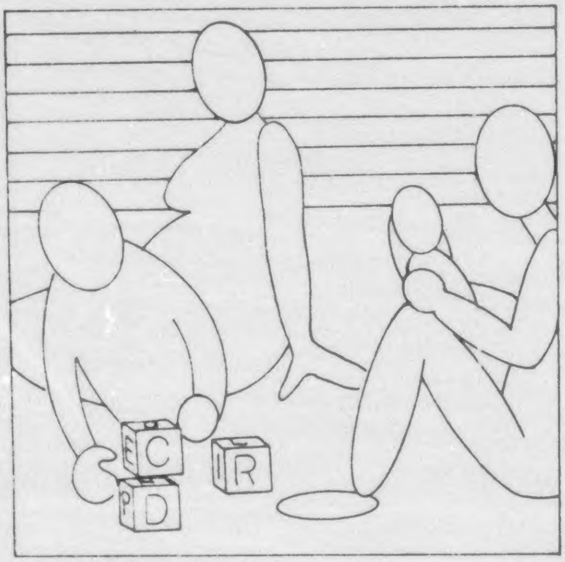
Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

In assisting, or describing how to assist, children to develop self-discipline, the student:

		ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
a.	Identified the needs of the child in the given situation	( )	( )	( )
b.	Related to the child at eye level	( )	( )	( )
c.	Communicated with the child at her/his mental level	( )	( )	( )
d.	Listened to the child's point of view	( )	( )	( )
e.	Kept facial expression and voice pleasant while using positive verbal guidance	( )	( )	( )
f.	Chose a positive method for promoting self-discipline	( )	( )	( )

HUMAN DEVELOPMENT

BATHING AND DRESSING AN INFANT



INTRODUCTION

Bathing and dressing are two basic needs of an infant. Both can play a role in good health and socialization. Regular sponge or tub baths insure cleanliness. Knowing how to properly diaper and dress an infant helps you and the infant to have a pleasant experience. In this module, you will learn how to sponge bathe and tub bathe an infant and diaper and dress an infant.

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVE

When you finish this module, you will be able to sponge bathe an infant, tub bathe an infant, and diaper and dress an infant.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, BATHING AND DRESSING AN INFANT.

LEARNING ACTIVITIES

1. READ Student Information, SAFE HANDLING OF THE BABY, pp. 3-5. PRACTICE lifting and holding an infant or doll,

   (and/or)_______________.

424

2. FIND the answers to the questions in Student Information, BATHING AN INFANT, p. 6, using references provided by your instructor. COMPARE AND DISCUSS your answers with classmates,

   (and/or)_______________.

3. READ Student Information, CARE OF THE UMBILICAL CORD STUMP AND CIRCUMCISION, pp. 6-7,

   (and/or)_______________.

4. VIEW a slide-tape presentation about bathing an infant,

   (and/or)_______________.

5. OBSERVE as your instructor or a parent gives an infant a sponge bath and a tub bath. PRACTICE sponge bathing and tub bathing an infant or doll,

   (and/or)_______________.

6. COMPLETE Student Self-Check, KEEPING BABY CLEAN CROSSWORD PUZZLE, p. 7.

7. READ Student Information, DIAPERING, pp. 8-11,

   (and/or)_______________.

8. OBSERVE as your instructor demonstrates different methods for folding diapers. PRACTICE folding diapers,

   (and/or)_______________.

9. OBSERVE as your instructor demonstrates diapering an infant. PRACTICE diapering an infant or doll,

   (and/or)_______________.

10. READ Student Information, DRESSING THE INFANT, pp. 11-12,

    (and/or)_______________.

11. VIEW a slide-tape presentation about diapering and dressing an infant,

    (and/or)_______________.

12. OBSERVE as your instructor dresses an infant. PRACTICE dressing an infant or a doll,

    (and/or)_______________.

13. COMPLETE Student Self-Check, DIAPERING AND DRESSING, p. 12.

14. WORK with your instructor to plan and carry out a related FHA/HERO activity,

    (and/or)_______________.

15. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

Student Information

SAFE HANDLING OF THE BABY

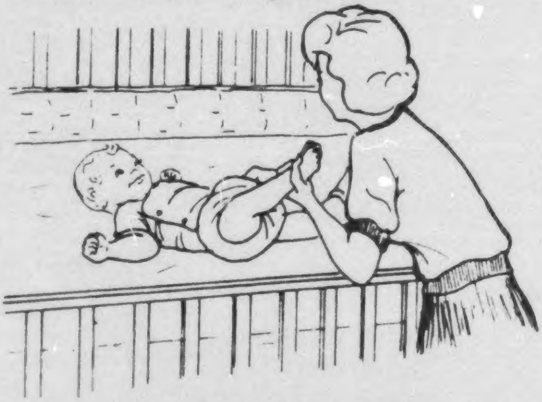
One of the first tasks that you will learn when bathing and dressing an infant is how to safely handle the baby. Every infant needs to be picked up and held. It gives them a feeling of security and love, both of which are basic to their emotional development. Lifting and holding an infant can be a frightening experience at first. The infant seems so tiny and fragile that you may fear that you will drop and hurt him/her. Through practice, you will become more confident.

Most infants are not able to hold up their heads without support until about three months of age because the neck muscles are still weak. When holding an infant, always support the back and head firmly with your arm and hand. This provides comfort and also prevents muscle strain to the infant. The following methods for lifting and holding the infant are used during the course of the bath and while dressing the infant.

Lifting the Infant

Method I

1. With the infant on his/her back, hold the ankles between your thumb and middle finger with your index finger between the ankles, and lift the infants buttocks slightly.

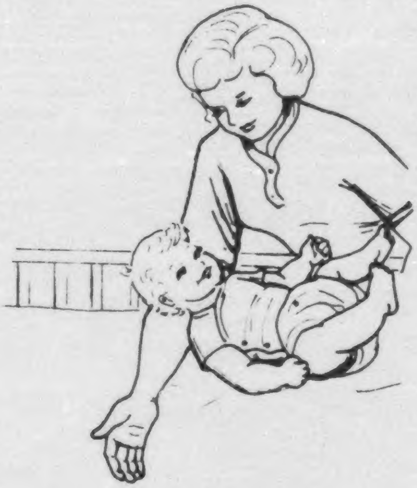


2. Slip your other hand under the buttocks and up along the infant's back. Your fingers should be spread over the back of the shoulders and neck to support the infant's shoulders and head.

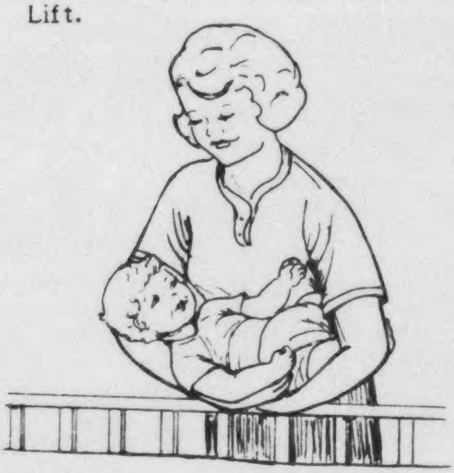
3. Shift the hand that is holding the ankles to the buttocks. Support the buttocks with the palm of the hand. Raise the infant from the lying down position and into your arms.

Method II

1. With the infant on his/her back, slip one of your arms under the neck so that the head rests in crook of your arm.



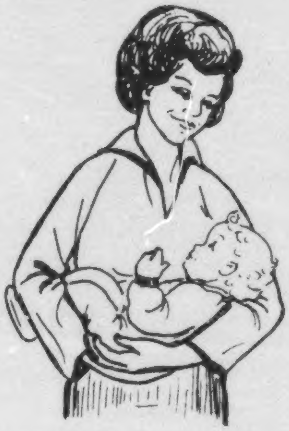
2. Place your other hand and arm under the lower part of the infant's body. Lift.



Holding an Infant

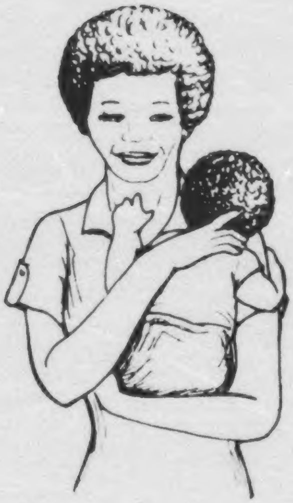
Infants are held in many ways. The four most acceptable ways to hold an infant are:
--the cradle hold,
--the upright or shoulder hold,
--the football hold, and
--the body-arm hold.

The cradle hold is demonstrated by lifting the infant and placing the head in the bend of your elbow. Your forearm will reach around the outside of the infant's body to grasp the infant's outer hip and leg. Your free hand and forearm will help support the infant's back and buttocks. The free hand and forearm can be released for a moment to do another task, if necessary.



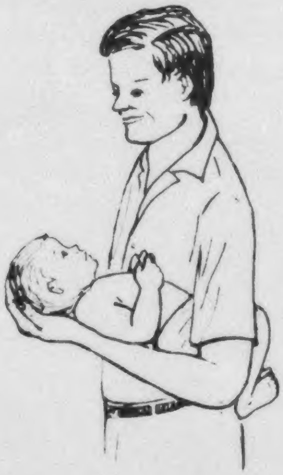
THE CRADLE HOLD

The upright or shoulder hold positions the infant against your chest and shoulder. The infant's head will extend above your shoulder. The palm and forearm of one of your arms will support the infant's buttocks. The forearm and hand of the other arm will support the infant's back, neck, and head. Both hands are needed to maintain this position. This hold is used when burping the infant.



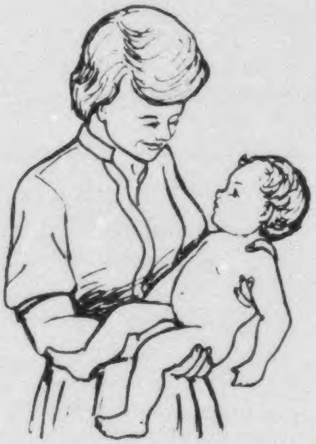
THE UPRIGHT OR SHOULDER HOLD

The football hold is one that allows you to have a free arm for doing other tasks. The infant's head will rest in the palm of your hand, while part of the length of his/her body will rest on your forearm. The rest of the infant's body is wedged between your elbow and hip.



THE FOOTBALL HOLD

The body-arm hold is used for support when moving the infant, especially during bath time when he/she is slippery and wet. Place your hand and forearm under the shoulders. Grasp the forearm at the shoulder. Place your other hand and forearm under the buttocks. With the buttocks in your palm, grasp the thigh of the far leg with your fingers and thumb. Lift and move the infant.



THE BODY-ARM HOLD

Talk to the infant while lifting and holding him/her. This is extremely important even for a newly born infant. Talking to the infant encourages a feeling of trust and security. It also makes the infant more alert and promotes social, mental, and emotional growth.

Student Information

BATHING AN INFANT

Directions: On a separate sheet of paper, answer the following questions. Use references provided by your instructor to find the answers.

1. When giving an infant a bath, the temperature of the room should be _____ and _____ so that the infant does not chill.

2. List three safety rules to remember when giving an infant a bath.

3. List three reasons why an infant sometimes fears bath time.

4. Infants are given sponge baths until the _____. This takes about one to two weeks from birth.

5. Wash an infant's face with _____ only.

6. Never use a _____ to clean the infant's nose and ears. Instead, clean the outer ears with a _____ and use a _____ to remove visible mucous from the nose.

7. An infant's hair and scalp should be shampooed from _____ to _____ times a week, using baby shampoo or a mild soap to prevent burning the infant's eyes.

8. If the infant's scalp is extremely dry, scaling may develop. This scaling is called _____. It should be treated by _____.

9. For a tub bath, fill the tub with _____ of water. Line the tub with a diaper or a towel to keep the infant from slipping.

10. Test the bath water with your _____. It should feel lukewarm, at about 37° (98°F).

11. Many doctors prefer that _____ be applied to the infant's body after a bath instead of oil and/or powder.

12. When powder is necessary to absorb moisture and to prevent chafing, cornstarch is recommended. Powder tends to collect in skin creases causing _____ of the skin.

Student Information

CARE OF THE UMBILICAL CORD STUMP AND CIRCUMCISION

Care of the Umbilical Cord Stump

If the umbilical cord stump is still attached when you are ready to bring the infant home from the hospital, the nurse will tell you how to care for it. The end, or stump, of the infant's umbilical cord dries out, shrivels up, and falls off within a week to fourteen days after birth. While the stump is still attached, it must be kept clean and dry. Clean the stump after each diaper change by washing with a cotton ball and rubbing alcohol. Then dry it with a clean cotton ball.

After the cord drops off, there may be a slight fluid drainage and bleeding from the navel. This is normal. If there is a discharge, clean the navel with rubbing alcohol. Do this one or more times each day until the navel has healed. If the bleeding continues for more than a week, notify the doctor.

Circumcision

Circumcision is the surgical removal of the foreskin, or movable fold of skin, at the end of the penis. Some parents have their infant sons circumcized because it is a religious practice. Others have it done because doctors recommend it for easier personal hygiene. If circumcision has been performed, cleanse the area of the penis gently during each diaper change and apply petroleum jelly or ointment as prescribed by the doctor. Continue to do this until it has healed.

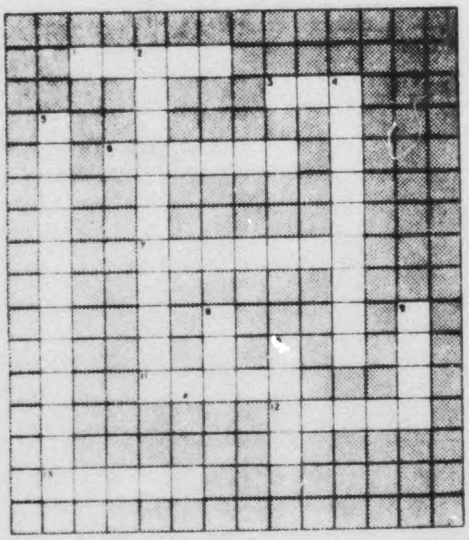
If gauze is also applied, put a generous amount of petroleum jelly on the gauze to prevent it from sticking to the penis. If the gauze does dry out and sticks [illegible] the penis, pour a small amount of warm sterile water over the dressing. Allow the dressing to soak for a couple of minutes. Slowly remove the dressing. Do not pull it off. Care must be taken to avoid causing the circumcision to bleed or to be painful for the infant.

Student Self-Check

KEEPING BABY CLEAN CROSSWORD PUZZLE

Directions: Your instructor has copies of the KEEPING BABY CLEAN CROSSWORD PUZZLE. Obtain a copy and use the words suggested by the following statements to complete the puzzle. Check your answers against those provided on p. 13.

KEEPING BABY CLEAN CROSSWORD PUZZLE



ACROSS

1. Wash an infant's face with _____ only.
3. The scaling condition thay may occur on the infant's scalp is called cradle _____.
6. An infant is given a _____ bath until the umbilical cord stump drops off.
7. Rubbing _____ is used to clean the umbilical cord stump before it drops off (and the navel until it heals).
11. Test the temperature of the bath water with the inside of your wrist or with your _____.
12. NEVER leave the baby _____ when you are bathing him/her.
13. After the umbilical cord stump drops off, the _____ sometimes bleeds slightly.

DOWN

2. When giving an infant a bath, the _____ of the room should be warm.
4. _____ jelly is applied to the circumsized penis until it heals to prevent the diaper from sticking to it.
5. The surgical removal of the foreskin of the penis is called _____.
8. After the umbilical cord stump drops off and the navel heals, an infant can be _____ bathed.
9. _____ the tub with a diaper or a towel to keep the infant from slipping.
10. NEVER use a cotton _____ to clean inside the infant's nose and ears.

Student Information

DIAPERING

Many people choose to use cloth diapers for diapering their infants. Others decide to use disposable diapers. Cloth diapers are not as convenient as disposables, since they require laundering and folding. However, they are less expensive.

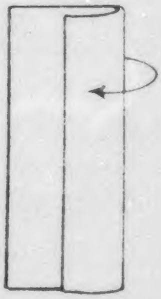
Folding Cloth Diapers

Square and oblong diapers can be folded in various ways to fit the infant as he/she grows. There are several ways to fold cloth diapers. The following two methods for folding diapers are frequently used.

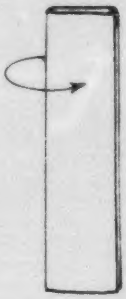
To fold a large oblong diaper:

1. Place the diaper on a flat surface with the narrow end toward you.

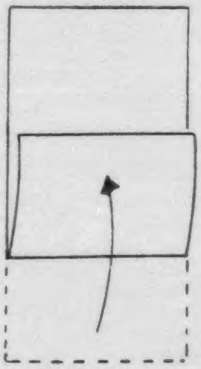
2. Fold the right side of the diaper over to one-third the width of the diaper.



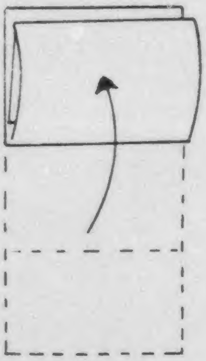
3. Fold the left side to meet the edge of the right side of the diaper. You should have three layers of cloth.



4. Fold the edge that is toward you one-third to one-half the length of the diaper depending on the size of infant.

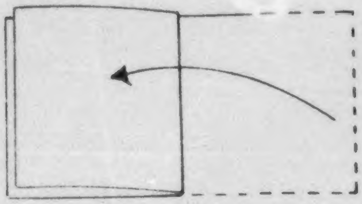


5. Fold the diaper lengthwise once more so that the folded edge is even with the other edge. The diaper is ready to go into the stack of clean diapers until ready for use.

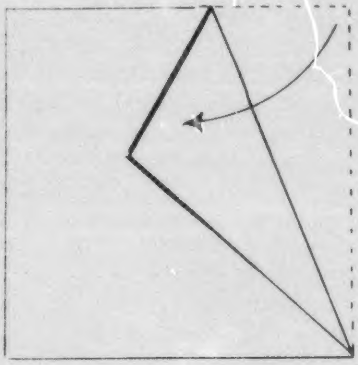


To fold a diaper using the kite or triangular method:

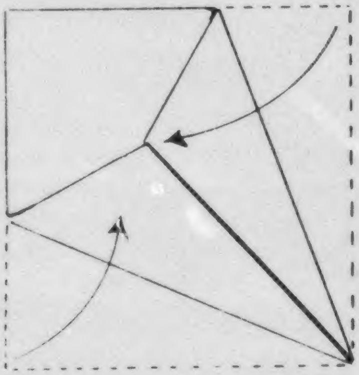
1. Place the diaper on a flat surface in front of you. If it is an oblong diaper, the length of the diaper will run horizontally. Fold it in half lengthwise to make a square.



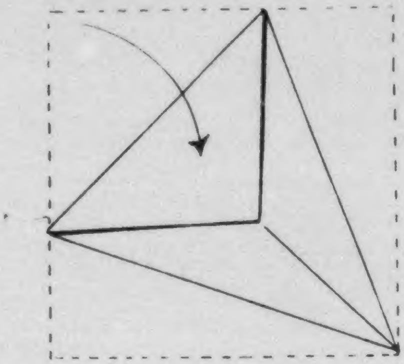
2. Fold the top right corner to the center of the diaper. The bottom right corner will be a point.



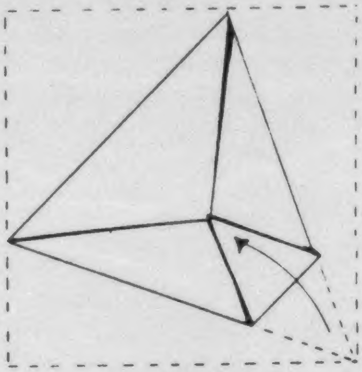
3. Fold the lower left corner to the center of diaper. Again, the bottom right corner will be the point.



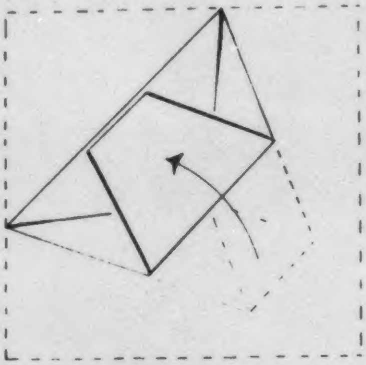
4. Fold the upper left corner down along the line of the two inside edges.



5. Fold the point up to the center of the diaper. Depending on the size of the infant, the point may be folded up further.



6. Fold the edge that is now facing you up to the top edge of the diaper. The diaper is now ready to be placed in the stack of clean diapers until ready for use.



Changing the Diaper

Diapers must be changed without delay to prevent skin irritations. The times to check for a diaper change are:
--when the baby awakens,
--just before and after feeding,
--before putting the baby down for sleeping,
--when the baby shows signs of discomfort.

Follow the procedure below for changing a diaper:

1. Assemble supplies so that everything is within your reach.
   --Clean folded diaper
   --Wet washcloth
   --Pad or towel
   --Rubbing alcohol
   --Petroleum jelly
   --Gauze
   --Cornstarch

2. Place the infant on a towel or a quilted pad covering a flat surface. Do not leave the infant alone.

3. Unfasten the diaper.

4. With one hand, grasp the infant's ankles and slightly raise the buttocks. Pull the wet diaper from under the buttocks. Release the ankles.

5. For urination: Wash the infant's genitals from front to back with a warm washcloth to avoid infection of the vagina or penis.

   For a bowel movement: Before removing the soiled diaper, fold it under the infant. Wipe the buttocks with toilet tissue; then remove the soiled diaper and tissue. Wash the infant's genitals with warm water and soap, rinse thoroughly, and pat dry with a towel.

6. Apply cornstarch to absorb moisture if it is hot and humid, or, if the infant has diaper rash, apply cream or lotion prescribed by the doctor. Check with the health care professional about using baby powder. If it is used, sprinkle it in your hand first and then rub onto the baby. The dust of the powder can get into the infant's lungs if sprinkled directly on him/her.

7. Follow the procedure for caring for circumcision, if it has not healed.

8. Follow the procedure for caring for the umbilical cord stump, if it hasn't dropped off and if the navel has not healed.

9. Holding the infant's ankles between your thumb and middle finger, with your index finger between the ankles, raise the buttocks high enough to slip a clean, folded diaper under the infant. Release the ankles.
   NOTE: The extra thickness of the diaper should be in back for the girl and in front for the boy.

10. Pull the diaper up between the legs and fasten it on each side. (Before fastening the diaper of a boy, position the penis downward, especially when the cord is still on, to avoid wetting the upper clothes and navel area.) The diaper should fit snugly without being too tight.
    CAUTION: If using pins, place the back of the diaper over the front. Insert your fingers between the pin and the infant's body to avoid sticking him/her. The pin head should be toward the front of the infant.

11. Plastic or rubber pants may be put on over the diaper to protect clothing from moisture.

12. Rinse out soiled cloth diapers or throw away disposables.

13. Place the wet cloth diaper in a covered diaper pail that is half filled with water into which you have mixed two tablespoons of borax or one-half cup of vinegar.

- Be sure to talk to the infant as you change the diaper. Talking to the baby promotes social, mental, and emotional growth.

Diaper Rash

Diaper rash refers to any skin irritations in the diaper area. It occurs in this area because warm, moist areas promote the growth of bacteria. There are several different kinds of diaper rash. To help prevent diaper rash and ease the condition after it occurs, try one or all of the following:

--Soak the wet and/or soiled diapers in a solution of borax and water.
--Boil the diapers to kill the bacteria.
--Use a mild laundry soap or detergent for washing diapers.
--Consult the health care professional about adding an antiseptic to the rinse water.
--Acidify the washed and rinsed diapers by adding one cup of vinegar to half a wash tub of water. Allow to soak 30 minutes; then spin the diapers dry without rinsing. (An acid environment decreases the growth of the bacteria.)
--Acidify the infant's urine by feeding two or three ounces of cranberry juice twice daily (with the doctor's approval).
--Dry diapers in the sun.
--Avoid putting on rubber or plastic pants since they hold moisture and warmth.
--If possible, keep diapers off entirely until the rash heals.
--Don't apply petroleum jelly or an ointment to the affected area because they tend to seal in perspiration and further irritate the condition.

Student Information

DRESSING THE INFANT

An infant usually wears two layers of clothing. The diaper and undershirt are the layer next to the skin. The outer layer may be a kimono, gown, or a one-piece jumpsuit. The infant may or may not wear socks or booties depending upon the weather, and whether or not the garment covers the feet.

People often worry about how much clothing to put on the infant. The rule of thumb is to dress the baby in the amount of clothes that would be comfortable for you. If you are too warm in a long-sleevd shirt, the baby will be too warm in long sleeves. If you feel chilly and need a sweater, so will the baby. It is better to put too little on a baby than too much. If the baby gets cold, the cheeks will lose color and he/she will begin to fuss. Most babies' hands stay cool, so do not try to dress the infant to get the hands warm.

In a 38° to 40°C (68° to 72°F) room, the infant needs to be wrapped in a thin blanket. For a small infant, put on a thin sweater as well as the thin blanket. For temperatures that are cooler, wrap a wool blanket around the infant. When taking an infant outdoors during winter weather, wrap in a couple of heavy baby blankets and a bunting. The baby will also need a cap to cover the head and ears. On hot summer days the infant will not need the outer layer of clothing except in air-conditioned surroundings.

To put on a shirt or gown that goes over the head:

1. Gather the shirt or gown into an open roll.
2. Slip the shirt or gown over the infant's head.
3. Gently guide the arms through the armholes if it is sleeveless. If it has sleeves, insert your fingers in each sleeve from the cuff end and grasp infant's hand to guide the arm through.
4. Pull the shirt or gown down over the infant's body.

5. Talk to the infant as you put on the garment.

To put on an open shirt or kimono:

1. Lay the infant on his/her back on the open shirt or kimono.
2. Reach into the shirt or kimono sleeve from the cuff end and grasp the infant's hand.
3. Slip the shirt or kimono sleeve onto the infant's arm.
4. Pull the sleeve up to infant's shoulder.
5. Do the same to the other sleeve and arm.
6. Adjust and snap (or tie) the shirt or kimono on the infant.
7. Talk to the infant as you put on the garment.

To put on a one-piece jumpsuit:

1. Lay the infant on the back on the open jumpsuit.
2. Grasp one of the infant's legs between the knee and ankle and guide into the leg of the jumpsuit.
3. Repeat the procedure for the other leg.
4. Grasp the outside of the jumpsuit and pull over the legs and buttocks until the legs and feet are comfortably inside the jumpsuit.
5. Reach into the sleeve from the cuff end and grasp the infant's hand.
6. Slip the sleeve onto the infant's arm.
7. Pull the sleeve up to the shoulder.
8. Repeat the procedure for the other sleeve and arm.
9. Adjust the undershirt (if infant has one on) and diaper inside the jumpsuit.
10. Adjust and snap, button, or zip the jumpsuit.
11. Talk to the infant as you put on the garment.

Student Self-Check

DIAPERING AND DRESSING

Directions: On a separate sheet of paper answer the fill-in-the-blank questions. Check your answers against the ones provided on p. 13.

1. _____ must be changed without delay to prevent skin irritations.
2. The extra thickness of the diaper should be in _____ for the girl and in _____ for the boy.
3. _____ may be put on over the infant's diaper to protect his/her clothing from moisture.
4. _____ refers to any skin irritations in the diaper area.
5. An infant usually wears _____ layer(s) of clothing unless it is a hot summer day.
6. Gather a shirt or gown into an _____ _____ to make it easy to go over the infant's head.
7. Put the infant's _____ into a jumpsuit or sleeper first.
8. To promote social, emotional, and mental growth, _____ to the infant as you diaper or dress him/her.
9. A _____/water solution in the diaper pail may help prevent diaper rash.

Student Self-Check

ANSWERS
KEEPING BABY CLEAN
CROSSWORD PUZZLE

ACROSS
1. Water
3. Cap
6. Sponge
7. Alcohol
11. Elbow
12. Alone
13. Navel

DOWN
2. Temperature
4. Petroleum
5. Circumcision
8. Tub
9. Line
10. Swab

Student Self-Check

ANSWERS
DIAPERING AND DRESSING

1. Diapers
2. Back, front
3. Rubber or plastic pants
4. Diaper rash
5. Two
6. Open roll
7. Legs or feet
8. Talk
9. Borax

Evaluator's Final Checklist

BATHING AND DRESSING AN INFANT

Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
(1) When sponge bathing the infant, the student:			
a. Prepared supplies and adjusted the room temperature, if necessary	( )	( )	( )
b. Handled the infant gently and safely, talking to him/her while sponge bathing	( )	( )	( )
c. Washed and cleaned the infant's ears, eyes, and nostrils	( )	( )	( )
d. Washed, then dried, the infant's face	( )	( )	( )
e. Shampooed, then dried, the scalp and hair	( )	( )	( )
f. Washed the infant's body and patted dry	( )	( )	( )
g. Removed the diaper and washed the genital area, legs, and feet	( )	( )	( )
h. Cared for the umbilical cord stump and/or circumcision, if necessary	( )	( )	( )
i. Diapered and dressed the infant	( )	( )	( )
j. Did not leave the infant unattended	( )	( )	( )
k. Kept the infant covered to prevent chilling	( )	( )	( )
(2) When tub bathing the infant, the student:			
a. Prepared equipment, supplies, and adjusted room temperature, if necessary	( )	( )	( )
b. Filled the tub with 5 to 7.6 centimeters (2 to 3 inches) of warm water	( )	( )	( )

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
c. Handled the infant gently and safely, talking to him/her during bathing procedure	( )	( )	( )
d. Washed and cleaned the ears, eyes, and nostrils	( )	( )	( )
e. Washed the infant's face	( )	( )	( )
f. Shampooed the scalp and hair	( )	( )	( )
g. Dried the infant's face and hair immediately	( )	( )	( )
h. Tested the water in the tub to see that it was not too hot or too cold	( )	( )	( )
i. Lined the tub to prevent slipping	( )	( )	( )
j. Washed and dried the infant's body	( )	( )	( )
k. Diapered and dressed infant	( )	( )	( )
l. Did not leave the infant unattended	( )	( )	( )
(3) When diapering an infant, the student:			
a. Collected all the necessary supplies	( )	( )	( )
b. Handled the infant gently	( )	( )	( )
c. Talked to the infant	( )	( )	( )
d. Placed the infant in a safe position for diapering	( )	( )	( )
e. Did not leave the infant unattended	( )	( )	( )
f. Changed the diaper	( )	( )	( )

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
g. Cared for the umbilical cord stump and/or the circumcision, if necessary	( )	( )	( )
h. Put the wet and/or soiled diaper in the appropriate place	( )	( )	( )
(4) When dressing the infant, the student:			
a. Assembled all of the necessary clothing	( )	( )	( )
b. Handled the baby gently and talked to the baby during dressing procedure	( )	( )	( )
c. Positioned arms and/or legs into the garment	( )	( )	( )
d. Adjusted and fastened garment	( )	( )	( )

HUMAN DEVELOPMENT

MEDICAL CARE FOR INFANTS

INTRODUCTION

When a child is born, natural immunities temporarily give protection against many diseases. As these immunities begin to wear off, it is important to start the child on an immunization program. This can be done through regular medical check-ups with the pediatrician, family doctor, local health department, or other health service. Parents and caregivers should learn the symptoms of illness. In this module you will learn about the importance of regular medical check-ups and of starting an immunization program for infants. You will also learn about recognizing the signs of illness, keeping medical records, Sudden Infant Death Syndrome (SIDS or crib death), and common physical defects in babies.

Before you start to work on this module, be sure you have completed the following modules: HD-54, "Measuring the Body's Vital Signs" and HD-56, "Administering Medications to a Sick Person."

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVE

When you finish this module, you will be able to complete a test about medical care for infants with 80% accuracy.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, MEDICAL CARE FOR INFANTS.

LEARNING ACTIVITIES

1. READ Student Information, MEDICAL CHECK-UPS FOR INFANTS, p. 3,

   (and/or)_______________.

2. READ about the schedule for immunizing infants in a reference provided by your instructor. ANSWER the questions on Student Information, IMMUNIZATIONS, p. 3, as you read,

   (and/or)_______________.

3. STUDY Student Information, WHEN BABY IS ILL . . ., pp. 3-5. SHARE with classmates an experience that you may have had with a sick infant,

   (and/or)_______________.

4. LOOK over Student Information, KEEPING MEDICAL RECORDS, pp. 5-8. BRAINSTORM ways for a family to keep medical records for its members,

   (and/or)_______________.

5. COMPLETE Student Self-Check, MEDICAL CARE AND THE INFANT'S HEALTH, p. 9.

6. LISTEN to a resource person talk about Sudden Infant Death Syndrome (called SIDS or crib death),

   (and/or)_______________.

7. READ about common physical defects in babies in a reference provided by your instructor,

   (and/or)_______________.

8. WORK with your instructor to plan and carry out a related FHA/HERO activity,

   (and/or)_______________.

9. ARRANGE with your instructor to complete this module by going though the CHECK-OUT ACTIVITIES.

Student Information

MEDICAL CHECK-UPS FOR INFANTS

Before a baby is born, the parents should decide on what type of professional care they want and can afford. Many parents want a pediatrician to take care of their child. A pediatrician is a doctor who deals with the development, care, and diseases of children. Some parents take the baby to a family doctor. Other parents take their child to a local clinic or health service.

If a pediatrician is chosen, the parents should contact and consult him/her before the baby's birth. The doctor may suggest that the mother-to-be come in for a visit before the baby is born. This will allow the doctor and mother to get to know each other. They may discuss plans for caring for the new baby. Some doctors want to visit the mother and baby in the hospital and begin care for the infant soon after the baby's birth.

Most doctors and clinics set up the first medical checkup when the baby is one month old. If the mother breast-feeds, the doctor may have the mother come in when the baby is two weeks old to make sure that the baby is gaining weight and getting enough food. Usually babies are given check-ups at one, two, three, six, nine, and twelve months of age. After that yearly check-ups are advised.

During the medical check-up, the doctor will:

- weigh and measure the infant.
- give the infant a thorough physical examination.
- determine if the infant is developing normally.
- discuss the baby's feeding routines, weight gain, and whether or not the formula should be altered.

During the medical check-up, the parent should:

- ask questions about the baby's growth and development.
- tell the doctor about any observations of the baby that seem unusual.
- ask questions about the child's health care and such things as immunizations, care during an illness, how to tell if the child is ill, etc.

Medical check-ups are important to insure that the infant gets off to a good start. They are also one way that a parent can determine abnormal development, precautions to take, and treatment to remedy any problems.

Student Information

IMMUNIZATIONS

Directions: As you read the reference about immunizing infants against diseases, answer the following questions.

1. What is an immunization?
2. List the diseases that infants should be protected against.
3. What does DTP mean?
4. What is the schedule for immunizing an infant through eighteen months of age?

Student Information

WHEN BABY IS ILL . . .

As the baby grows, the parents will become more familiar with signs of illness in their baby. Generally, a healthy baby will:

- -- have constant body movement, even when asleep.
- -- eat well.
- -- have one or two bowel movements a day. (Some babies have more bowel movements than others, some have less. The doctor can help the parent decide what is normal for the infant.)
- -- have bright, shiny eyes.
- -- be in good humor.
- -- have pink cheeks and smooth skin.
- -- sleep soundly and be alert after sleeping.

Early Signs of Illness

Parents who are with their baby daily will recognize symptoms of illness when they occur. Common signs of illness include:

- -- Fever - rectal temperature of 38.5°C (101°F) or over
- -- Drowsiness
- -- Unusual irritability and fretting
- -- Vomiting
- -- Loose, fluid bowel movements marked with odor changes and unusual color
- -- Rash
- -- Restlessness
- -- Loss of appetite
- -- Running nose
- -- Cough
- -- Convulsions
- -- Stiffness or inability to move a part of the body
- -- Obvious pain

When to Call the Doctor

Parents should not hesitate to call the doctor, if they feel that it is necessary. The doctor wants the baby to be well and happy and wants to know if something is wrong. However, doctors are busy people. To get the most benefits from a telephone call, the following points should be considered:

1. If the baby has one or more of the signs of illness, the temperature should be taken. (The body temperature of an infant should be taken in the rectum.) If the temperature is 38.5°C (101°F) or above, call the doctor.

2. If possible, try to call the doctor during office hours when the baby's records are available for the doctor. Call after hours only if it is an emergency, such as a serious accident or injury, bleeding that cannot be stopped, unconsciousness, severe breathing difficulties, convulsions, abdominal pains lasting more than two hours, black or bloody bowel movements, or prolonged diarrhea. If the doctor cannot be reached, take the infant to the emergency room of the hospital.

3. Before making the call to the doctor or other health professional, write down important information and questions so they are not forgotten.

4. Give information on the problem to whoever answers the doctor's phone. Sometimes the doctor will relay the answers to questions through a nurse or an aide.

5. Be specific in describing problems or symptoms. If the child has a fever, say "He has a rectal temperature of 103°F." If the baby has diarrhea, say "She has had ten large, watery bowel movements in the last five hours." Describe all the symptoms as clearly and as accurately as possible.

6. Have a pencil and pad ready to take down the doctor's instructions.

Helping Baby to Get Well

If the doctor or health professional has been called, follow his/her instructions for caring for the infant. Some of the following steps can also be taken to help the baby get to feeling better.

1. Reduce fever. This can done in the following ways.
    a. Bathe the infant in lukewarm water.

       OR

    b. Using rubbing alcohol mixed with an equal part of water, gently sponge the infant's body. First sponge off the arms and legs, then the chest and back. Sponge each part for two to three minutes. Repeat in one-half hour intervals, if necessasy.

       OR

    c. An ice bag placed on the infant's head will make him/her more comfortable if the alcohol sponging does not reduce the fever.
2. Don't urge a feverish baby to eat. When the baby is awake, administer juices, milk, or water every half hour. Liquids help to prevent dehydration.
3. Keep the room quiet and darkened, and encourage the infant to sleep and rest.
4. Soothe the baby by talking softly or by rocking gently in your arms.
5. If the baby has symptoms of a cold, keep the room humid and warm, but not too hot.
6. Don't worry if the baby doesn't want to eat. When feeling better, the baby will eat.
7. If the baby vomits, let the stomach rest a few hours. Then give a small amount of water.
8. Give medicine only when the doctor prescribes it. Be sure to follow the directions for administering medicine.

Student Information

KEEPING MEDICAL RECORDS

It is important to keep good records of each family member's medical history. This helps to determine health care needs. It is also evidence that family members are completely protected against serious diseases. There are several reasons for keeping a set of medical records at home.

- -- If the family moves or changes doctors, medical records are sometimes lost or destroyed.
- -- When children start to school, transfer to another school, or go to camp, they are often required to have immunization records that are up-to-date. If there is no record of immunization for specified diseases, the child will have to be immunized again.
- -- When children grow up, it is important to know whether or not they have had certain communicable diseases. This is especially true with females who may become pregnant. Having a communicable disease during pregnancy can be harmful to the unborn child. If the expectant mother has not had these diseases, safeguards must be taken to avoid exposure to them. Having a medical record will help a person take necessary precautions.
- -- An up-to-date record helps a person to cooperate with the doctor.
- -- Having a home medical record will serve as a reminder of visits to the doctor for second and third immunizations and booster shots.

When taking a child to the doctor for immunizations or a illness, it is good to take along the copy of the child's medical record from home. Having the doctor to fill in the immunization dates, etc., on the home copy as well as the office copy will help to verify the home records.

Families may select different methods for keeping medical records. Some make up their own forms for their records. Others use forms that are provided by their doctor or a local health service. The following forms will help you know the types of records that should be kept on each family member. You may choose to use the sample forms that are provided in this module or you may wish to make up your own record form.

Family Member: ______________________________

BIRTH RECORD

Date of birth: ______________ Time: ______________

Place of birth: ______________________________

Duration of pregnancy: ______________________________

Mother's health during pregnancy:

Illnesses ______________________________

Drugs/medications used ______________________________

Problems ______________________________

Delivery

Normal ______________ Cesarean section ______________

Medications during labor ______________________________

Monitoring ______________________________

Problems ______________________________

Birth weight: ______________ Birth length: ______________

Conditions of birth:

____

Type of feeding: Breast ______________ Bottle ______________

Duration of hospital stay: ______________________________

Blood type: ______________ Rh factor: ______________

Other Information:

Family Member: ______________________________

IMMUNIZATION RECORD

Immunization		Date	Dose	Doctor
DPT	1st 2nd 3rd 4th DT Booster DT Booster			
POLIO	1st 2nd 3rd Booster Booster			
MEASLES (red)				
RUBELLA (German measles)				
MUMPS				
TUBERCULIN TESTS				
Others:				

Family Member: ______________________________

ILLNESS AND INJURY RECORD

Illness*	Date	Doctor

Injury*	Date	Doctor

*Include allergy records or make a separate record for allergies.

Student Self-Check

MEDICAL CARE AND THE INFANT'S HEALTH

Directions: Answer the following questions on a separate sheet of paper. Check your answers against those provided on p. 10.

1. Most doctors and clinics set up the first medical check-up when the baby is _____ month(s) old.
2. A _____ is a doctor who deals with the development, care, and diseases of children.
3. List four diseases that infants should be immunized for.
4. List five common symptoms of illness.
5. List two reasons for keeping medical records for family members.

Student Self-Check

ANSWERS
MEDICAL CARE AND THE INFANT'S HEALTH

1. One

2. Pediatrician

3. -- Diphtheria
   -- Whooping cough (pertussis)
   -- Tetanus (lockjaw)
   -- Polio
   -- Measles (red and rubella)
   -- Mumps

4. -- Fever
   -- Drowsiness
   -- Unusual irritability and fretting
   -- Vomiting
   -- Diarrhea
   -- Rash
   -- Restlessness
   -- Loss of appetite
   -- Running nose
   -- Cough
   -- Convulsions
   -- Stiffness
   -- Obvious pain

5. -- To determine health care needs.
   -- To have evidence that family members are completely protected against serious diseases.

Evaluator's Final Checklist

MEDICAL CARE FOR INFANTS

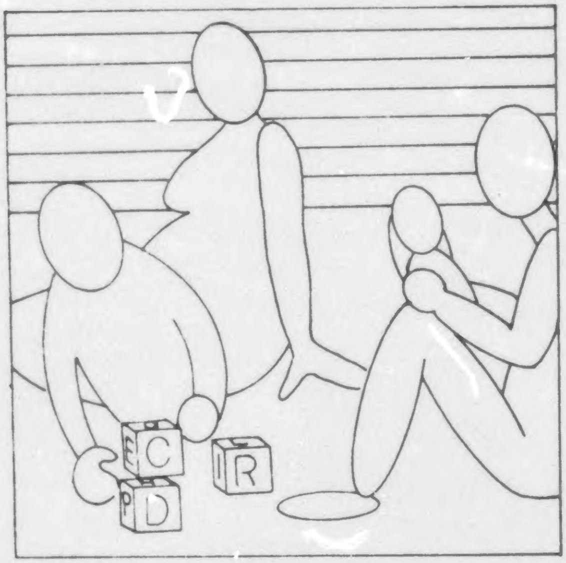
Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
The student completed the Check-Out Activity Sheet with 80% accuracy	( )	( )	( )

Module HD-45

HUMAN DEVELOPMENT

GETTING AN INFANT TO SLEEP



INTRODUCTION

During the first months of life, the newborn will spend much of the time sleeping. This is because the infant is experiencing rapid physical growth. As the infant gets older, the growth process slows down and not as much sleep is required. In this module, you will learn how to select the infant's sleeping area and equipment and how to prepare the infant for bedtime and naps.

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVE

When you finish this module, you will be able to complete a test about getting an infant to sleep with 80% accuracy.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, GETTING AN INFANT TO SLEEP.

LEARNING ACTIVITIES

1. READ about sleep and the infant in a reference provided by your instructor,

   (and/or)_______________.

2. READ Student Information, WHERE BABY SLEEPS, p. 3,

   (and/or)________________.

3. READ Student Information, PREPARING FOR BEDTIME, pp. 4-5,

   (and/or)________________.

4. LISTEN to a mother or a father tell about getting a baby to sleep,

   (and/or)________________.

5. COMPLETE Student Self-Check, CARING FOR BABY, p. 5.

6. WORK with your instructor to plan and carry out a related FHA/HERO activity,

   (and/or)________________.

7. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

Student Information

WHERE BABY SLEEPS

The Room

If possible, it is good for a baby to have his/her own room. This helps the baby to sleep more soundly and develop better sleeping habits. It is also important for the parents to have their privacy. However, some parents prefer to keep the newborn in their bedroom for the first month or two. This way they can hear the baby when it cries.

If the baby has to share a room, it is best that it be with the parents. The parents will be out of their room most of the day so their bedroom will be quiet for the baby to sleep. Sharing a room with brothers and sisters makes it hard for both them and the baby. The brothers and sisters need to carry on their normal growth and development, which sometimes involves noisy activities. The baby needs to establish good sleeping habits. If the room is noisy and the baby's sleep is constantly interrupted, both the baby and parents will have difficulties.

The Bed

Some parents use a bassinet or wicker basket on wheels for a newborn baby during its first two or three months. This is convenient, if available, but not necessary. A newborn baby can be placed in a full-size crib. Whichever bed is used, one that is hip high is most comfortable for bending and lifting the baby.

New cribs must now meet government safety regulations. If you are buying and/or using a second-hand crib, consider the following points:

1. Safety features:
   - --The slats should be no more than 6cm (2 3/8 inches) apart so the baby's head cannot be caught between them.
   - --On cribs that will adjust, the locking device on the top rail should be secure against accidental opening.
   - --The drop-side panel should be at least 22.5cm (9 inches) above the mattress when lowered so that the baby cannot roll out.
   - --Be sure the lever for lowering the sides cannot be reached from the inside of the crib. An older baby may be able to reach the lever and have an accidental fall, or an arm or leg could get caught as the side lowers.
   - --Check to see that the crib is painted with non-toxic, lead-free paint. Babies often chew on their crib when they are old enough. Lead paint is very dangerous to eat. It can cause serious damage to the human body.
   - --The mattress should be firm to support the baby's bones. It should be made of flame-retardant and hypo-allergenic materials.
   - --The crib should be equipped with bumper guards. Even very young babies can squirm around and get themselves pushed against the sides of the bed. A tightly rolled and tied quilt makes an adequate bumper guard.
2. Convenience features:
   - --Check to see that the bed is a standard size, 67.5cm by 135cm (27 by 57 inches). Otherwise the mattress and fitted sheets would have to be custom made, and this could be expensive.
   - --Look for a crib that has sides that can be raised and lowered.
   - --Check to see if the crib has an adjustable mattress height. The mattress can be lowered as the baby grows.
   - --Look for a mattress that is reversible and has a waterproof covering. Or you can use moisture-proof coverings between the mattress and the sheets.

Student Information

PREPARING FOR BEDTIME

Amount of Sleep

A newborn baby may sleep from 80 to 90 percent of the time. So, do not worry if the baby seems to sleep too much. This period is a time of rapid physical growth. At about six months of age, a baby may sleep about 16 to 20 hours of the day. Sleeping time varies from infant to infant, and some need more sleep than others. As physical growth slows down, the baby needs less sleep.

Also, as the baby's stomach grows, it can hold more food. The baby can then sleep for longer periods of time. At about four months of age a baby usually has three naps each day. At about six months, an hour's nap during the morning and about two hours after lunch is usually enough. By six months the baby will be sleeping through the night. By one year of age the baby usually takes one nap during the day.

Baby's Sleeping Position

While the navel is healing, it may be more comfortable for the baby to sleep on the back. Otherwise, the stomach position, with head to one side, may be more comfortable. The stomach position relieves gas pains. It also prevents choking if the baby vomits. And the baby is less likely to kick off the covers. The doctor may recommend a certain sleeping position for infants.

Concerns of Parents

New parents are often concerned about the baby during sleep. If the baby makes noises or breathes irregularly, the parents should not be alarmed. This is normal. A baby who is uncomfortable will let you know by crying.

Getting a Baby To Sleep

Getting a newborn baby to sleep is usually not a problem unless there is a health problem. When physical growth slows down, the baby sleeps less, becomes more aware of the surroundings, and is more alert. As the baby gets older, it often becomes harder to get him/her to sleep. Because of this, it is very important to establish a routine.

The following steps will help to get a baby to sleep:

1. Darken the room.
2. Set the room temperature at not less than 21°C (70°F).
3. Ventilate the room (but don't let the baby sleep in a draft).
4. Have the room reasonably quiet. If there are several family members and noises are hard to keep down, play low, soft music.
5. Have a regular bed time and nap time.
6. Have restful activities with the baby before putting to bed.
   --Bathing
   --Feeding
   --Singing to baby
   —Rocking baby
   --Tucking baby in bed
7. Burp the baby after a feeding.
8. Cover the baby according to the season and the room temperature.
9. Comfort the baby with soothing talk and gentle patting if he/she cannot go to sleep after several minutes.
10. Comfort the baby if he/she wakes up crying.

There are some conditions that make it harder to get the baby to sleep. These include:

1. Using the crib as a playpen. (Baby will think it is time to play.)
2. Checking on the baby too often.
3. Not having a regular bed or nap time.
4. Being hurried to get the baby to sleep.

Safety Precautions

1. Do not use a plastic bag to protect the crib mattress.
2. Do not put a pillow or unnecessary toys, etc. in the crib. It could smother the baby.
3. Do not leave anything hanging over the sides or the ends of the baby's bed. It could drop into the bed and smother the baby.
4. Check with your doctor concerning recommended sleeping positions.
5. Do not place baby in a draft.
6. Always raise and lock the sides of the baby's bed.
7. Check baby regularly to see that nothing interferes with breathing.
8. Don't put baby in bed with another person. The person could roll over and smother or injure the baby.
9. Tuck the covers so that the baby does not become entangled or smothered in them.

Student Self-Check

CARING FOR BABY

Directions: On a separate sheet of paper, answer the following questions. Check your answers against those provided on p. 6.

1. List six points to consider when buying an infant's bed.
2. What sleeping position is usually most comfortable for an infant after the navel heals?
3. List five conditions that help to get baby to sleep.
4. List three conditions that make it hard to get the infant to sleep.
5. List four safety precautions for infant's bedtime and naps.

Student Self-Check

ANSWERS
CARING FOR CHILDREN

1. --The slats should be no more than 6cm (2 3/8 inches) apart so the baby's head cannot be caught between them.
   --On cribs that will adjust, the locking device on the top rail should be secure against accidental opening.
   --The drop-side panel should be at least 22.5 cm (9 inches) above the mattress when lowered so that the baby cannot roll out.
   --Be sure the lever for lowering the sides cannot be reached from the inside of the crib.
   --Check to see that the crib is painted with non-toxic, lead-free paint.
   --The mattress should be firm to support the baby's bones. It should be made of flame-retardant and hypoallergenic materials.
   --The crib should be equipped with bumper guards since even very young babies can squirm around and get themselves pushed against the sides of the bed.
   --Check to see that the bed is a standard size.
   --Look for a crib that has sides that can be raised and lowered.
   --Check to see if the crib has an adjustable mattress height.
   --Look for a mattress that is reversible and has a moisture-proof covering. Or, use moisture-proof sheets.

2. The baby may probably be more comfortable sleeping on the stomach with head to one side. This position relieves gas pains, prevents choking if baby vomits, and the baby is less likely to kick off the covers.

3. --Darken the room.
   --Set the room temperature not less than 21°C (70°F).
   --Ventilate the room (but don't let the baby sleep in a draft).
   --Have the room reasonably quiet.
   --Have a regular bed time and nap time.
   --Have restful activities with the baby before putting to bed.
   --Burp the baby after a feeding.
   --Cover the baby according to the season and the room temperature.
   --Comfort the baby with soothing talk and gentle patting if not asleep after several minutes.
   --Comfort the baby if he/she wakes up crying.

4. --Using the crib as a playpen.
   --Checking on the baby too often.
   --Not having a regular bed or nap time.
   --Being hurried to get the baby to sleep.

5. --Do not use a plastic bag to protect the crib mattress.
   --Do not put a pillow or unnecessary toys, etc. in the crib.
   --Do not leave anything hanging over the sides or the ends of the baby's bed.
   --Check with your doctor concerning recommended sleeping positions.
   --Do not place baby in a draft.
   --Always raise and lock the sides of the baby's bed.
   --Check baby regularly to see that nothing interferes with breathing.
   --Don't put baby in bed with another person.
   --Tuck the covers so that the baby does not become entangled or smothered in them.

Evaluator's Final Checklist

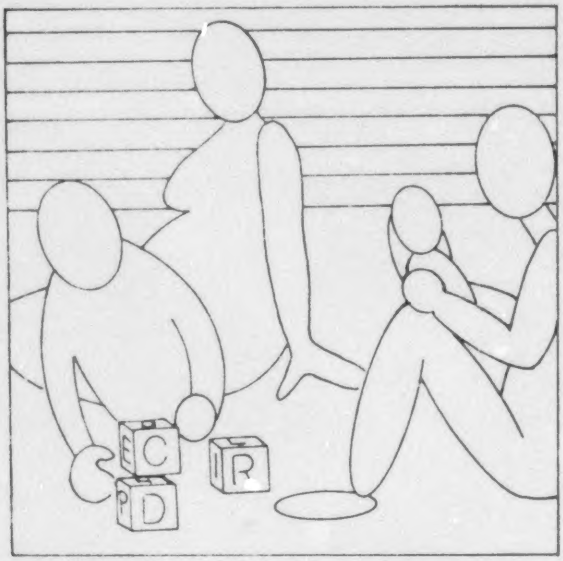
GETTING AN INFANT TO SLEEP

Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
The student completed the Check-Out Activity Sheet with 80% accuracy	( )	( )	( )

HUMAN DEVELOPMENT

FEEDING THE INFANT



INTRODUCTION

Feeding the infant provides not only nourishment for physical growth and development but also an opportunity for a feeling of love and security to develop. Once the method of feeding is decided, the parent or caregiver should provide a relaxed, friendly atmosphere for feeding. In this module you will learn about breast-feeding. You will also learn how to prepare a formula, how to bottle-feed an infant, and how to feed an infant solid food.

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVES

When you finish this module, you will be able to prepare a formula and feed an infant. You will also be able to complete tests on breast-feeding and feeding an infant solid foods with 80% accuracy.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, FEEDING THE INFANT.

LEARNING ACTIVITIES

1. READ about feeding schedules in references provided by your instructor,

   (and/or)_______________.

2. VIEW slides or a filmstrip, provided by your instructor, about breast-feeding,

(and/or)_______________.

3. RESEARCH the answers to the questions on Student Information, BREAST-FEEDING, p. 3. USE references provided by your instructor. DISCUSS the questions and answers with classmates after completing the research,

(and/or)_______________.

4. READ Student Information, PREPARING A FORMULA, pp. 3-6,

(and/or)_______________.

5. OBSERVE as your instructor or a resource person demonstrates how to prepare a formula. Also OBSERVE how to sterilize bottles and formula using the terminal sterilization method and the aseptic sterilization method,

(and/or)_______________.

6. READ Student Information, BOTTLE-FEEDING, pp. 6-8,

(and/or)_______________.

7. VIEW a filmstrip, provided by your instructor, about bottle-feeding,

(and/or)_______________.

8. OBSERVE as your instructor or a resource person demonstrates bottle-feeding an infant. PRACTICE bottle-feeding an infant,

(and/or)_______________.

9. READ about introducing solid foods to an infant in references provided by your instructor. ANSWER the questions on Student Information, INTRODUCING SOLID FOODS, pp. 8-9,

(and/or)_______________.

10. OBSERVE as your instructor or a resource person demonstrates feeding solid food to an infant,

(and/or)_______________.

11. READ Student Information, COMMON FEEDING CONCERNS, pp. 9-10,

(and/or)_______________.

12. READ about weaning a baby from the breast or bottle in references provided by your instructor,

(and/or)_______________.

13. COMPLETE Student Self-Check, FEEDING THE INFANT, p. 10.

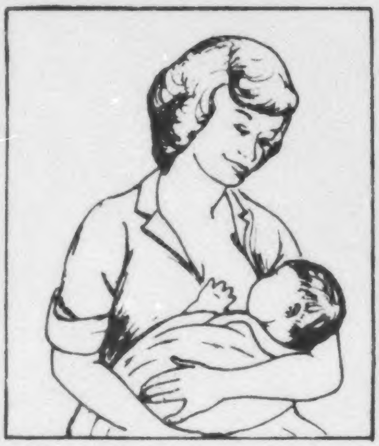
14. WORK with your instructor to plan and carry out a related FHA/HERO activity,

(and/or)_______________.

15. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

Student Information

BREAST-FEEDING



Directions: Research the following questions using the references suggested by your instructor. Write your answers on a separate sheet of paper. Check your answers against those provided by your instructor.

1. List two reasons that mother's milk is considered the most healthful food for a newborn baby.
2. What is colostrum?
3. List six advantages of breast-feeding for both the mother and the baby.
4. List five disadvantages of breast-feeding.
5. What organization could a person contact to talk to breast-feeding mothers?
6. List four points to remember when caring for the breasts and nipples.

Student Information

PREPARING A FORMULA

Before going home from the hospital the doctor will prescribe the formula for the baby, if the mother decides not to breast-feed. Instructions for preparing the formula are usually provided.

Some formulas are already prepared. They come in the following forms:

--powdered
--concentrated liquid
--ready-to-feed liquid
--premeasured

If using powdered formula or the concentrated liquid, boiled water must be added. Then the formula is poured into sterilized bottles. Ready-to-feed formulas are poured directly from the can into the sterilized bottles. The premeasured formula is the easiest of all to prepare. The top of the formula bottle or can is removed. Then the nipple is added and it is ready for feeding. All of these different prepared formulas are sterilized. They are easier to use but are more expensive than formulas prepared at home.

Home prepared formulas require mixing and then sterilization of the formula and equipment. Using these unprepared formulas requires washing bottles, nipples, disc seals, and collars and cleaning up after formula preparation.

Formulas are prepared according to the directions of a nurse or doctor or the instructions on the can. To prevent infection, the infant's formula and equipment must be sterilized. The doctor will tell you when sterilization is no longer necessary (usually by the time the baby is six months old). One of two methods of sterilization can be used: the terminal method or the aseptic method.

Caution: Fresh formula must be made every 24 hours. Bacteria may develop in old formula. This could be harmful to the infant. Unused formula should be thrown away after 24 hours.

Terminal Sterilization

Terminal sterilization is the method in which the formula is mixed and put in the bottles. Then the bottles, collars, nipples, and disc seals are put together and sterilized together. The following procedure should be used when using the terminal sterilization method:

1. Assemble the supplies and equipment:

   --nipple and bottle brush
   --measuring pitcher
   --punch-type can opener
   --measuring spoons
   --stirring spoon
   --egg beater or mixer
   --funnel
   --bottles
   --formula
   --disc seals, collars, nipples, and or nipple covers
   --bottle sterilizer or large kettle with lid
   --clean dishtowel or wire sterilizer rack

2. Scrub nipples, collars, disc seals and bottles with a brush in hot, soapy water. (Squeeze water through holes in nipples.) Rinse well in hot, running water. Drain on a clean dishtowel or in a wire sterilizer rack.

3. Wash all other equipment in hot, soapy water; rinse thoroughly and drain.

4. Measure required amount of water into measuring pitcher.

5. If using a concentrated liquid formula, shake the can. Wash and rinse the top of the can with hot, soapy water. Open the can with a clean punch-type can opener. Add the prescribed amount of liquid to water in the pitcher and stir.

   If using a powdered formula, measure the prescribed amount and place it on the surface of warm water in the pitcher. Mix with an egg beater or mixer.

6. Pour the milk formula through a funnel into each of the clean bottles.

7. If you are using disc seals, invert the nipples into bottles. If you are using nipple covers, assemble nipples upright and cover. Leave collars loose.

8. Place bottles on a rack or towel in a sterilizer or a deep kettle. Put at least 7.62cm (3 inches) of water in kettle. Cover and bring to a boil. Boil for 25 minutes.

9. Remove sterilizer from heat.

10. When bottles have cooled, tighten collars and store in the refrigerator.

Aseptic Sterilization

In the aseptic sterilization method, the formula is sterilized and placed in sterilized bottles. Then sterilized nipples, disc seals, and collars are placed on the bottles.

The aseptic sterilization method is also called the "boiling method" of formula preparation. Use the following procedure for the aseptic method:

1. Assemble the supplies and equipment:

   --nipple and bottle brush
   --clean dish towels (2) or a wire sterilizer rack
   --bottles
   --disc seals, collars, nipples, and/or nipple covers
   --bottle sterilizer or large kettle with lid
   --jar with perforated lid
   --tongs
   --saucepan
   --measuring pitcher
   --punch-type can opener
   --measuring spoons
   --egg beater or mixer
   --stirring spoon
   --funnel
   --formula

2. Scrub nipples, collars, disc seals, and bottles with a brush in hot, soapy water. (Squeeze water through holes in nipples.) Rinse well in hot, running water. Drain on a clean dish towel or in a wire sterilizer rack.

3. Wash all other equipment in hot, soapy water. Rinse thoroughly and drain.

4. Place bottles with top down in the sterilizer or kettle on a wire rack or a dish towel. Put nipples, collars, and caps in a jar with holes punched in the lid and place in the center of the sterilizer or kettle. Place tongs, stirring spoon, and funnel in sterilizer. Add 12.7cm (5 inches) of water to the sterilizer. Cover and bring to a boil. Boil for 20 minutes.

5. Remove sterilizer from heat. Cool to room temperature. Remove bottles and jar using tongs. Place on a clean dish towel.

6. Boil enough water for the formula and for the baby's drinking water for at least 5 minutes. Measure the boiled water into a sterile measuring pitcher.

7. If using a concentrated liquid formula, shake the can. Wash and rinse the top of the can with hot, soapy water. Open the can with a clean punch-type can opener. Add prescribed amount of liquid to the boiled water and stir with a sterilized spoon.

   If using powdered formula, measure the prescribed amount and place on the surface of the boiled water. Mix with a sterilized egg beater or mixer.

8. Using a sterilized funnel, pour the formula into sterilized bottles.

9. If using caps, invert sterilized nipples into bottles using sterilized tongs. Place sterilized caps and collars on

bottle. Be careful not to touch the part of the nipple that goes into the infant's mouth.

If using nipple covers, assemble nipples upright in collars (using sterilized tongs) and put on covers. Screw collars down tight.

10. Store bottled formula in the refrigerator.

Disposable Bottles

Use the following procedure for preparing disposable bottles for feedings:

1. After thoroughly washing and rinsing, sterilize the nipples, retainer rings, and covers in a saucepan of boiling water.
2. Boil at least five minutes. Remove from heat and pour off water. Allow the parts to cool.
3. Remove one disposable liner from the roll by tearing along the perforated line.

   CAUTION: Do not touch the inside of the liner.
4. Fold lengthwise and slide the liner into the holder.
5. Separate tabs on liner. Pull over the rim at the top of the holder. Tear off tabs and discard them.
6. Fill the liner with sterile formula.
7. Snap on nipple and retainer ring.

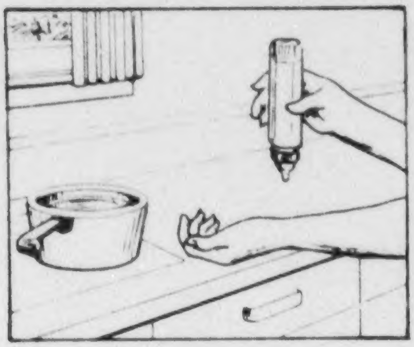
Student Information

BOTTLE-FEEDING

Infants have a natural urge to suck. However, they must be helped with the bottle-feeding process. In bottle-feeding an infant, the parent or caregiver needs to be relaxed and comfortable. The infant should be warm and dry and held close in the same position as for breast-feeding. Holding, cuddling, and talking during the feeding seems to give the infant a sense of love and security. Feeding time is a time for relaxing and enjoying the infant.

While in the hospital, a nurse will instruct the mother on how to hold the infant while feeding. The father and other family members can also participate in the feeding process. The following steps are included in the procedure for bottle-feeding the infant:

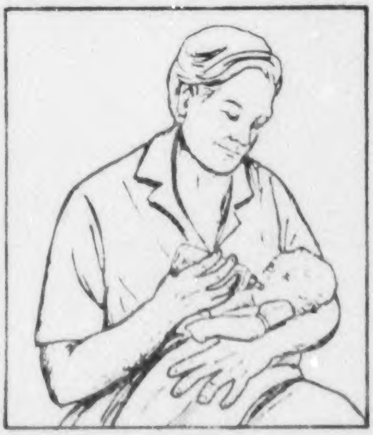
1. Wash hands before feeding the infant.
2. Obtain a bottle with the prescribed, sterilized formula.
3. Warm the bottle by standing it in a container of warm water or a special bottle warmer.
4. Check the nipple to see that there is an even flow. (Do not touch the nipple. Touching will contaminate.) The milk should drip out fast, but not run out in a stream. If the rate of the flow is too slow put a red hot needle through the original opening. If the rate of the flow is too fast, discard the nipple and get a new sterilized one.
5. Test the formula temperature by letting a drop or two fall on the inner part of the wrist. It should not be too hot or too cold for the newborn. (The doctor will tell the parent when warming the formula for the feeding is no longer necessary.)



6. Pick up and hold the infant in a semi-sitting position in the crook of the elbow during the feeding. Holding the baby in this position helps to keep air from getting into the stomach.

7. Place the nipple into the infant's mouth.

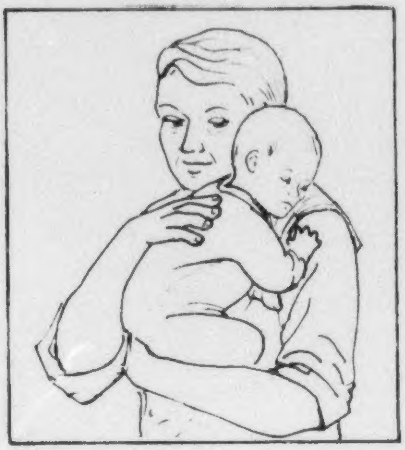
8. Hold the bottle at about a 45° angle to feed the baby. Be sure the nipple is full of formula to keep the baby from sucking and swallowing air.



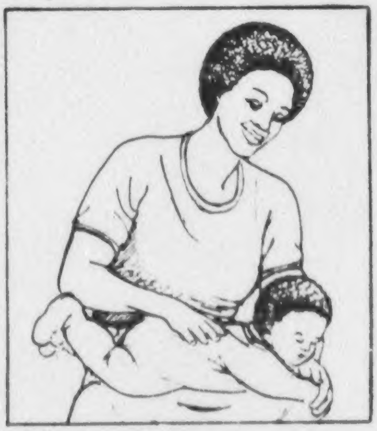
9. Remove the bottle from the infant's mouth halfway through the feeding.

10. Burp or bubble the baby using one of the procedures listed below. (The purpose of burping is to release swallowed air and prevent stomach discomfort.) Since babies often spit up when they are burped, use a cloth or pad to protect clothing while feeding and burping.

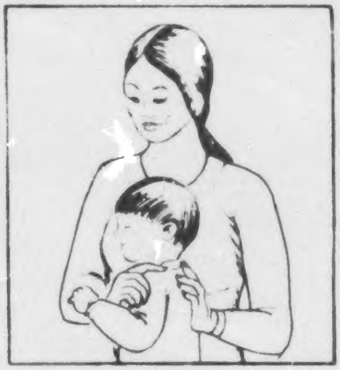
   a. Hold the infant upright against your chest with his/her head over your shoulder. Pat or rub the back gently until you hear a burp.



   b. Place the infant with stomach down on your lap. Pat or rub the back gently until the infant burps.



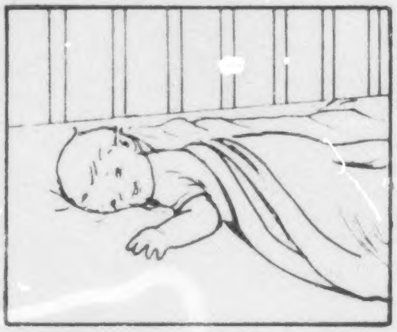
   c. Hold the infant in a sitting position on your lap, carefully supporting from front and back. Gently rub or pat the tummy or back until the infant burps.



11. Complete the feeding, letting the infant eat as much of the formula as he/she wants. (It won't always be the same amount.)

12. Burp the infant again.

13. Place the infant in the bed in the stomach position.



14. Throw away any formula that is left. Note: For ease in cleaning, rinse each bottle and assembled collar and nipple in cool water just after feeding. This removes milk before it forms a film.

Water and Juice

The doctor may recommend that an infant be offered sterile water between feedings once or twice a day. This is especially true when the weather is hot or when the baby has a fever. The doctor will also recommend that juice be offered the infant and what age it is to be begun. Juice may be weakened with water to gradually adjust the infant to the flavor and texture.

When feeding the infant water or juice, use the procedure for bottle feeding. Some infants have a tendency to choke on water and juice because of the thinner consistency. If this happens, raise one of the infant's arms above the head. This helps to clear the throat passage and stop the choking.

The Dos of Bottle-Feeding

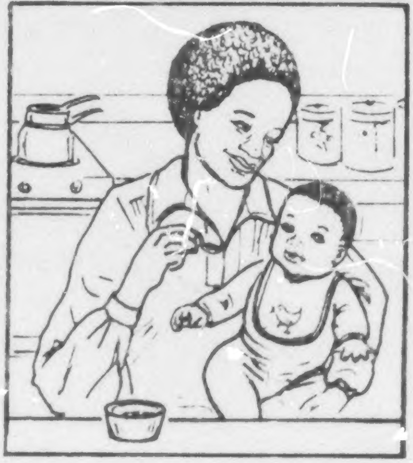
--Do hold the infant while bottle-feeding. Propping a bottle can cause digestive problems, ear infections, and choking. The baby also misses out on necessary physical contact with the parent or caregiver.

--Do feed the infant sterile formula in sterile bottles, etc. This reduces the chances of infection.

--Do burp the infant during and after a feeding. Swallowed air can cause the infant to be uncomfortable and restless.

Student Information

INTRODUCING SOLID FOODS



Directions: Research the following questions from the references provided by your instructor. Write on your own paper. Check your answers against those provided by your instructor.

1. What is the schedule for introducing solid foods?
2. List two ways to help an infant adjust to solid foods.
3. What vitamins are needed to supplement the baby's diet? How are the vitamins given?
4. What foods cause allergies in some infants?

Student Information

COMMON FEEDING CONCERNS

An infant's digestive system is not mature. Therefore, certain digestive problems may occur. These problems are normal and are usually not serious. Some of them can be prevented when the cause is known and understood. If some of the problems persist and become serious, the family doctor should be contacted for advice and treatment. Some of the following feeding problems cause much concern for the parents of newborns or young infants.

Bowel Movements

An infant's first bowel movements are usually greenish-black in color. This is due to the elimination of fetal wastes and usually lasts for two or three days. Breast-fed babies usually have loose yellow, orange or even slightly green bowel movements. Bottle-fed babies have a firmer bowel movement which is darker and mostly yellow or brown in color.

Colic

Some infants have colic during the first few months of life. Colic is a kind of daily problem of sharp abdominal pains. Symptoms include two to three hours of crying. The baby reddens, draws knees up to chest, kicks, and screams loudly. Efforts to soothe the baby seem to be useless. This can cause great concern for the parents.

The actual cause of colic is unknown. Some doctors think it is indigestion. Others feel that the baby's digestive system is not yet mature enough to handle food. And others feel that colic often occurs at a time when the family is busy and there is tenseness that the infant senses.

Constipation

Some infants have a bowel movement only every two to three days. If the bowel movement is of normal consistency the baby should not be considered constipated. Most babies strain, grunt, and turn red in the face during a bowel movement. However, if the bowel movement is hard and pellet-like and causes bleeding or pain, the infant is constipated. If these signs of constipation are present, add one tablespoon of corn syrup to each 237ml (8 oz) of formula or water to loosen the stool. Or, give the infant cool sterile water between feedings. Consult your doctor before giving the infant an emena, a laxative, or a suppository. The doctor may prescribe a stool softener.

Diarrhea

During the first weeks of life, most bottle-fed and breast-fed babies have about six liquid (thin) bowel movements daily. After that, they slow down to about three. Loose bowel movements are normal and are not cause for concern except in certain situations: (1) if the infant is irritable, has a fever, or fails to gain weight; (2) if the infant has vomiting before the movements; (3) if the movements are filled with mucous; (4) if they happen one right after the other. If any of these happen, the doctor should be consulted. Losing fluids from the body causes dehydration.

Food Allergies

Some babies are allergic to milk or a particular formula. Some babies are also allergic to certain foods. Symptoms of an allergic reaction may include:

--spitting up
--a runny nose
--a skin rash
--colic
--diarrhea

If a baby has developed one or more of these symptoms, the doctor should be consulted immediately. Another formula may be prescribed for the infant.

When introducing solid foods, the parent or caregiver should begin one new food at a time. A couple of tablespoons of the food should be given to the infant each day over a three-day period. This way it is easier to see if there is an allergic reaction to the new food.

Spitting Up and Vomiting

Babies often spit up after eating. Sometimes this is due to being overfed or from swallowing too much air. To help relieve this problem, burp the infant more often. If the baby is gaining weight, there is no need to worry. If the baby vomits with force after several feedings or continues to do so for several days, consult the doctor. Continous vomiting could cause the infant to dehydrate or may be a sign of a serious illness.

Thrush

Thrush is milky white patches inside the baby's mouth and is caused by a fungus. The doctor should be consulted immediately. Treatment will be prescribed which will quickly clear up thrush.

Student Self-Check

FEEDING THE INFANT

Directions: On a separate sheet of paper, answer the following questions. Check your answers against those provided on p. 11.

1. Schedules for feeding babies are less strict than twenty or more years ago. Today doctors recommend using a ______ feeding schedule during the early weeks of life.

2. List two reasons that mother's milk is considered the most healthful food for a newborn baby.

3. In the ______ sterilization method, the formula is mixed and put in the bottles; then the bottles, collars, nipples, and disc seals are put together and sterilized together.

4. In the ______ method of sterilization, the formula is sterilized and placed in sterilized bottles and sterilized nipples, disc seals, and collars are placed on the bottles.

5. List two ways to help an infant adjust to solid foods.

6. Vitamins ______, ______, and ______, given in a combined preparation, are needed to supplement an infant's diet.

7. List five common feeding problems that infant's sometimes have.

8. Weaning from the breast or bottle should begin at ______ months of age.

Student Self-Check

ANSWERS
FEEDING THE INFANT

1. Flexible

2. --It is less likely to disagree with the baby.
   --It provides immunity to many illnesses.

3. Terminal

4. Aseptic

5. --Introduce only one new food at a time.
   --Strain or sieve the food so it doesn't have to be chewed.
   --Mix the food with milk or formula.

6. A, C, D

7. --Bowel movements of unusual color
   --Colic
   --Constipation
   --Diarrhea
   --Food allergies
   --Spitting up and vomiting
   --Thrush

8. Five to six months of age

Evaluator's Final Checklist

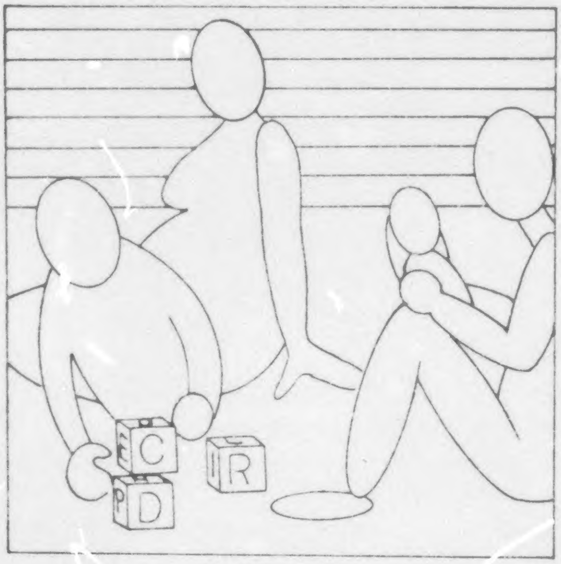
FEEDING THE INFANT

Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
(1) The student completed the Check-Out Activity Sheet, BREAST FEEDING, with 80% accuracy	( )	( )	( )
(2) When preparing a formula, the student:			
a. Gathered all of the equipment and washed them in hot soapy water	( )	( )	( )
b. Followed the procedure as given in the module for sterilizing equipment and/or formula	( )	( )	( )
c. Stored sterilized bottles of formula in the refrigerator	( )	( )	( )
(3) When bottle-feeding an infant, the student:			
a. Washed hands	( )	( )	( )
b. Warmed the bottle of sterilized formula and tested the temperature	( )	( )	( )
c. Tested nipple holes but did not touch nipples	( )	( )	( )
d. Held baby close, cuddled, and talked to baby during the feeding	( )	( )	( )
e. Held bottle tilted at 45° angle to mouth with neck of bottle and nipple filled with formula	( )	( )	( )
f. Burped baby periodically through feeding and at the end of feeding	( )	( )	( )
g. Placed the baby in stomach position after feeding	( )	( )	( )
h. Rinsed bottle in cool, clear water just after feeding	( )	( )	( )
(4) The student completed the Check-Out Activity Sheet, FEEDING THE INFANT, with 80% accuracy	( )	( )	( )

HUMAN DEVELOPMENT

CHILDREN'S ROUTINES



INTRODUCTION

Assisting young childen with daily routines is an important part of child care. It is through this training process that children learn to do things for themselves. In this module you will learn to assist a child with washing hands, brushing teeth, bathing, dressing, and with bedtime routines.

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVES

When you finish this module, you will be able to assist a child with washing hands, brushing teeth, bathing, dressing, and bedtime routines meeting the standards of the Evaluator's Final Checklist.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, CHILDREN'S ROUTINES.

LEARNING ACTIVITIES

1. READ Student Information, CHILDREN'S ROUTINES - PERSONAL CARE, p. 3. With your classmates, MAKE a list of safety precautions for each routine activity,

   (and/or)________________.

2. READ about helping children learn how and when to wash their hands in Student Information, WASHING HANDS, p. 3,

   (and/or)________________.

470

3. READ about helping children learn how and when to brush their teeth in Student information, BRUSHING TEETH, p. 4,

   (and/or)________________.

4. READ about helping children learn to bathe themselves in Student Information, BATHING, p. 4-5,

   (and/or)________________.

5. READ about helping children learn to dress themselves in Student Information, LEARNING TO DRESS, p. 5-6,

   (and/or)________________.

6. READ about chldren's bedtime routines in Student Information, BEDTIME ROUTINES, p. 6.

   (and/or)________________.

7. COMPLETE Student Self-Check, CHILDREN'S ROUTINES, p. 7.

8. WORK with your instructor to plan and carry out a related FHA/HERO activity,

   (and/or)________________.

9. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

Student Information

CHILDREN'S ROUTINES - PERSONAL CARE

Good personal care habits can be developed easily if they become a natural part of the daily routine. Children's personal care routines develop around activities such as washing hands, brushing teeth, bathing, and dressing.

Routines provide guidelines for children to know what they are responsible for and what is expected of them. Good personal care habits can be learned in a short time if the child is ready to learn. The parent or caregiver must be patient, consistent, and willing to teach the child. Teaching is done by having the child repeat the activity day after day and by giving the child instructions on how to carry out each activity. Once personal care habits become a part of the routine, they can be done in an orderly and pleasant way with little or no frustration and conflict.

The parent or caregiver should avoid having too many hard-and-fast rules about how to do each activity. A child should have some choices and feelings of freedom. Routines should help the child to become secure and comfortable as well as responsible.

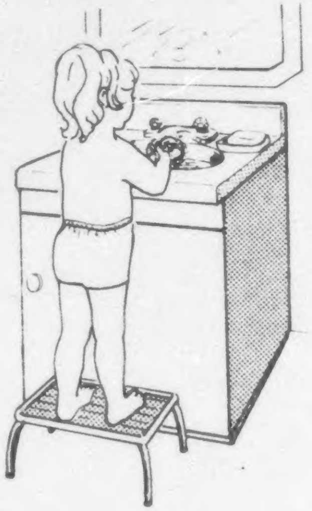
Student Information

WASHING HANDS

Children should be taught to wash their hands after using the toilet, before and after meals, and after play in which their hands get dirty or messy. A place should be provided for the children to wash their hands. If a sink is too high for a child to reach, a box or stool can be used to stand on. The following guidelines will help you teach children to wash their hands.

1. Provide a towel and soap.
2. Provide water. If the child is older, show her/him how to get warm and cold water.
3. Demonstrate how to lather, rinse, and dry the hands.
4. Allow the child to wash hands, instructing the child as necessary during the procedure.
5. Watch the child during the whole handwashing procedure.
6. Praise the child and provide any necessary instructions to remember the next time.
7. Show the child how to clean up the area, such as letting out the water, hanging up the towel, or pushing the box or stool under the sink.

Go through this procedure each time you want the child to wash his/her hands until it becomes a habit with the child.



Student Information

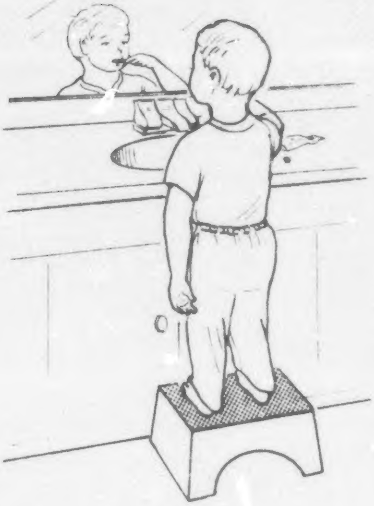
BRUSHING TEETH

Teeth need to be cared for at an early age to help avoid tooth decay. Therefore, it is important to teach children to brush their teeth. The teeth should be brushed after each meal and again at bedtime, if food has been eaten since the last brushing.

Children around two years of age are ready to begin learning to brush the teeth. At this age children like to imitate (do what others do). This is a good time to buy a small, soft-bristled toothbrush and begin teaching the child to brush the teeth. In learning to brush the teeth the child may go through stages of eating the tooth-paste, carrying the toothbrush around, and swallowing rather then spitting when rinsing the mouth.

Between three and four years, a child will be able to brush his/her teeth with very little help. When actual brushing begins, the following steps may be followed.

1. Provide an area which the child can easily reach such as a box or stool at the bathroom sink.
2. Help the child with toothbrush and toothpaste.
3. Show the child how to brush his/her teeth.
4. Allow the child to brush his/her teeth.
5. Finish brushing the child's teeth after allowing her/him to practice. After the child learns how to brush, this step is not necessary.
6. Show the child how to rinse his/her mouth.
7. Show the child where and how to store the toothbrush and toothpaste.



Student Information

BATHING

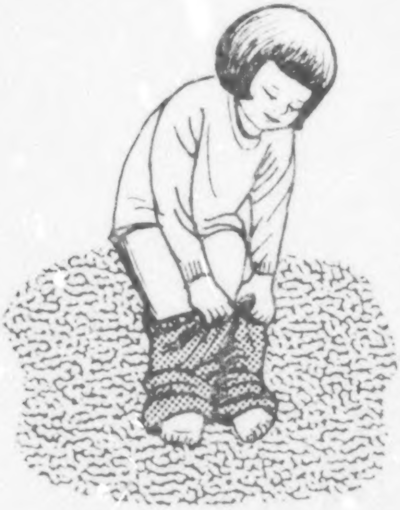
Bath time can be a time of fun for children and their parents or caregivers. A child usually takes a regular bath each evening before bedtime. In the winter months when children have a tendency for dry skin, tub baths are recommended only every two or three nights. Sponge baths can be given instead.

Having a regular time and routine for bath time usually helps it to proceed smoothly. The child should not be rushed, should be allowed to do as much of the bathing as possible, and should be also allowed privacy. The following guidelines for assisting a child with bathing may be followed.

1. Let the child help with the preparation for the bath by getting a towel and washcloth, clean night clothes, etc., while you prepare the tub or bath water.
2. Let the child undress, helping as necessary.

3. Help the child into the tub.
4. Help the child wash the face and neck using a mild soap.
5. Instruct the child to wash the front of the chest, the tummy, the legs and the feet with the soapy washcloth.
6. Finish washing the front of the child's body; then wash the back. (By age six, most children will be able to reach and wash all over their bodies.)
7. Help the child to wash the genital area carefully.
   NOTE: Do not use too much soap in the genital area of little girls. The tissues are very delicate and sensitive. Soap sometimes makes the area burn and sting.
8. Help the child out of the tub onto a bath towel.
9. Let the child dry with the towel. Help dry hard-to-reach areas.
10. Help the child to get dressed, if help is needed.

CAUTION: Do not leave a child unattended during bath time. The child could fall in the tub, become unconscious, and drown.



Student Information

LEARNING TO DRESS

Learning to dress oneself requires the ability to use large and small muscles. Eye-hand coordination is also important. The child learning to dress needs to be able to see what has to be done. He/she must use eyes and hands in order to accomplish a task such as putting a button through a buttonhole. After the skill has been mastered, it is no longer necessary to "see and do" at the same time.

Children learn how to undress themselves before they learn to dress themselves because the skills are easier. The time to begin self-dressing skills is usually between eighteen months and two years of age. Readiness for dressing will be indicated when the child wants to try to put on clothing.

Children need to learn the names for articles of clothing and for the parts of their body before, or as, they learn to dress themselves. To help with this, you should give verbal instruction, such as, "Put your arm in the armhole." Let the child follow your directions and give plenty of time to accomplish the task.

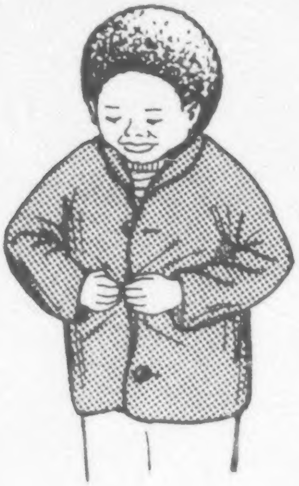
To make it easier for a child to learn to dress, buy clothing that promotes self-help. The following list of features should be considered when buying children's clothing.

--Front openings
--Elastic waist on pants
--Zippers
--Pull-on garments
--Socks without heels
--Stretchy fabrics
--Large armholes
--Easy-to-distinguish front and back

When helping a child to dress, the following guidelines may be followed:

1. Supervise or help the child to select and assemble appropriate clothing.

2. Let the child attempt to put on underwear and other clothing without help. Provide help as necessary.
3. Help with difficult snaps, buttons, zippers or other fasteners.
4. Help with socks and shoes as necessary.
5. Praise the child for dressing or attempting to dress self. If clothes are sometimes put on backward and it is not important that they be on correctly, don't redress. Allow the child to feel that he/she has been successful in dressing.



Student Information

BEDTIME ROUTINES

Assisting with the bedtime routine can be difficult for the parent or caregiver. To establish this routine a combination of firmness and flexibility is required. The child's requirements for sleep, the age, and family situation will determine the routine. Trial and error may be necessary for the parent to make the best decision.

Children need a routine to follow at bedtime. If they are secure in this routine, bedtime will not be a struggle between the parent and the child to see who will win.

Parents should not give in to bedtime demands by the child. They should be firm in getting the child to bed and making him/her stay there. This is a good time for a parent-child talk, reading a bedtime story, or listening to soft music.

Bedtime should be a pleasant time and the child should feel safe. Some children are afraid at night. A dim night light or a stuffed animal or favorite blanket may give more security.

The room's temperature should be comfortable for the child to sleep. It should be cooler than in the daytime, but there should be no drafts.

Some children cannot go to sleep unless they are in their own bed. Others do not want to go to bed alone. Some children want to sleep in their parents' bed. Parents should give positive guidance in helping the child establish a routine that is acceptable to all.

Student Self-Check

CHILDREN'S ROUTINES

Directions: On a separate sheet of paper answer the following questions. Check your answers against those provided on p. 8.

1. What is a good way to develop good personal care habits in children?
2. List three examples of personal care habits that should be a part of the child's routine.
3. What two factors determine whether or not personal care habits become a natural part of the child's routine?
4. When should a child wash her/his hands?
5. What factor suggests that two-year-olds are ready to learn to brush their teeth?
6. Which is easier to learn--dressing or undressing?
7. Name three common bedtime and sleep problems that children sometimes have.

Student Self-Check

ANSWERS
CHILDREN'S ROUTINES

1. Make good personal care activities a natural part of the daily routine so they become habits.

2. --Washing hands
   --Brushing teeth
   --Bathing
   --Dressing

3. --Child's readiness to learn
   --Parent's or caregiver's patience, consistency, and willingness to teach

4. --After using the toilet
   --Before and after meals
   --After activities in which the hands are dirty or messy

5. Two-year-olds like to imitate others.

6. Undressing

7. --Will sleep only in own bed or refuses to sleep in own bed
   --Will not go to sleep while alone
   --Will not stay in bed
   --Slips into parent's bed
   --Has fears of the night

Evaluator's Final Checklist

CHILDREN'S ROUTINES

Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
1. When assisting a child with washing hands, the student:			
a. Provided the necessities for washing hands	( )	( )	( )
b. Showed the child how to wet, lather, rinse, and dry the hands	( )	( )	( )
c. Allowed the child to wash hands unaided, instructing as necessary	( )	( )	( )
d. Praised the child and offered corrections, if necessary. . .	( )	( )	( )
e. Showed the child how to clean up after washing hands . . .	( )	( )	( )
2. When assisting the child with brushing the teeth, the student:			
a. Provided the necessities for brushing the teeth	( )	( )	( )
b. Assisted the child with toothbrush, toothpaste, and water.	( )	( )	( )
c. Showed the proper method of brushing the teeth	( )	( )	( )
d. Allowed the child to brush teeth, then finished the brushing to assure cleanliness	( )	( )	( )
e. Showed the child how to rinse the mouth	( )	( )	( )
f. Showed the child how and where to store the toothbrush and the toothpaste	( )	( )	( )

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
3. When assisting the child with bathing, the student:			
a. Encouraged the child to help prepare for the bath	( )	( )	( )
b. Prepared the tub and water for the bath	( )	( )	( )
c. Supervised the undressing	( )	( )	( )
d. Helped the child into the tub	( )	( )	( )
e. Allowed the child to wash and rinse his/her body, assisting only when necessary	( )	( )	( )
f. Helped the child out of the tub	( )	( )	( )
g. Allowed the child to dry his/her body assisting only when necessary	( )	( )	( )
h. Helped the child with dressing, if necessary	( )	( )	( )
4. When assisting a child with dressing, the student	( )	( )	( )
a. Supervised or helped the child to select and assemble appropriate clothing	( )	( )	( )
b. Allowed the child to help self to dress, assisting only when necessary	( )	( )	( )
c. Praised the child	( )	( )	( )
5. When assisting a child with bedtime routines, the student:			
a. Prepared the bed and room for sleeping.	( )	( )	( )
b. Supervised or helped the child to bed	( )	( )	( )
c. Used positive guidance techniques	( )	( )	( )

HUMAN DEVELOPMENT

CHOOSING TOYS, PLAY EQUIPMENT, ND PLAY MATERIALS FOR PRESCHOOL CHILDREN

INTRODUCTION

Play is a valuable activity. It promotes the physical, mental, social and emotional growth and development of children. Toys, play equipment, and play materials are the tools of play. Playthings should meet the growth and development needs of children. They should be safe and of good quality. In this module you will learn the value of play, the toys for different ages of the preschool years, and the factors to look for when choosing toys, play equipment, and play materials. You will also learn how ordinary household items and supplies can be used for children's toys and play activities.

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVE

When you finish this module, you will be able to complete a test about choosing toys, play equipment, play material, and play areas for preschool children with 80% accuracy.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, CHOOSING TOYS, PLAY EQUIPMENT, AND PLAY MATERIALS FOR PRESCHOOL CHILDREN.

LEARNING ACTIVITIES

1. READ about the value of play in a reference provided by your instructor,

   (and/or)_______________.

2. VIEW the filmstrip, provided by your instructor, about the importance of play. DISCUSS the information learned with classmates,

   (and/or)_______________.

3. READ Student Information, DIFFERENT TOYS FOR DIFFERENT AGES OF THE PRESCHOOL YEARS, pp. 3-4,

   (and/or)_______________.

4. COMPLETE Student Self-Check, PLAY FOR PRESCHOOLERS, p. 5.

5. STUDY Student Information, FEATURES TO LOOK FOR WHEN CHOOSING PLAYTHINGS, pp. 5-6,

   (and/or)_______________.

6. READ Student Information, HOMEMADE TOYS, PLAY EQUIPMENT, AND PLAY MATERIALS, pp. 6-8,

   (and/or)_______________.

7. PARTICIPATE in a workshop about toys, play equipment, and play materials for preschoolers. Your instructor will provide information for this activity,

   (and/or)_______________.

8. READ Student Information, PROVIDING PLAY AREAS, pp. 8-9,

   (and/or)_______________.

9. COMPLETE Student Self-Check, CHOOSING PLAYTHINGS AND PLAY AREAS FOR PRESCHOOL CHILDREN, p. 9.

10. WORK with your instructor to plan and carry out a related FHA/HERO activity,

    (and/or)_______________.

11. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

Student Information

DIFFERENT TOYS FOR DIFFERENT AGES OF THE PRESCHOOL YEARS

There is no complete and exact list of toys for different ages. Children vary widely in interests and in skills and abilities. The following chart has a few suggestions for suitable toys usually enjoyed at different stages of development during the preschool years. These toys provide for the varied interests, skills, and abilities of each age level.

From the time a child begins to use a given toy, his/her interest will carry through more than one age period. For example, a child begins to play with a ball when very young and continues throughout childhood, but the value and skill development involved in playing with a ball changes from age to age. In the chart, the toy is mentioned in the age group in which interest in it is likely to first appear. The chart can be used as a general guide for choosing toys for preschool children.

AGE OF CHILD	STAGE OF DEVELOPMENT	SUITABLE TOYS
TWO-TO THREE-YEAR OLDS	--Play mostly alone and beside others rather than with them (parallel play). --Are always on the move. --Like to pretend. --Are gaining muscle control. --Are interested in everything. --Always seem to want the toy the other child has. --Play longer with one toy than when younger. --Repeat and imitate. --Are interested in colors.	Playdough Paint Rope swing Small slide Rocking boat Balance beam Easy puzzles Housekeeping toys Clothes for dress-up
THREE-TO FOUR-YEAR OLDS	--Begin to really play with others (associative play). --May have an imaginary friend. --Are learning to share and take turns. --Use large muscles well and are gaining control of small muscles.	Tricycle Beanbags Climbing towers Hammer and nails Magnet

AGE OF CHILD	STAGE OF DEVELOPMENT	SUITABLE TOYS
	--Like "make-believe" and have trouble knowing the difference in the real and the make-believe. --Are becoming more aware of the world outside the family. --Are beginning to dress themselves. --Have longer attention spans.	Water play toys Sandbox Blunt scissors Large crayons Paper and paste Puppets Clothes and toys for "make-believe" Record player with records Blackboard and chalk Set of farm animals and equipment Doctor and nurse kit Cash register Peg boards
FOUR- THROUGH FIVE- YEAR OLDS	--Continue to develop and improve muscle use. --Have excellent balance. --Are very active. --Are creative with blocks and art materials. --Are very sociable. --Can dress themselves. --Like to talk. --Are boastful and bossy. --Usually make friends of the same sex. --Like books, especially ones with silly stories. --Have established left- or right-handedness	Jump rope Throwing games Matching picture games Swing Slide/seesaw Wheelbarrow Climbing bars Counting frame Village sets Trucks/cars Airplanes

Student Self-Check

PLAY FOR PRESCHOOLERS

Directions: Answer the following questions on a separate sheet of paper. Check your answers against those provided on p. 15.

1. List five values of play for children.

2. List four suitable toys for children in each of the following age groups.
   c. Two-year-old to three-year-old
   d. Three-year-old to four-year-old
   e. Four-year-old through five-year-old

Student Information

FEATURES TO LOOK FOR WHEN CHOOSING PLAYTHINGS

Most children today have many playthings. A visit to a toy store or looking through a toy catalog can give you a picture of the many toys and play equipment and materials that are being manufactured. Some of these playthings are excellent for a child's learning, while others may have little value and would be a bad choice for a child. Some are even dangerous for children.

When choosing toys, play equipment, and play materials for a child, ask yourself the following questions:

--Is the item safe?

--Does the item promote growth and development for the child it is being chosen for?

--Can the plaything be used in several ways?

--Is the item durable and long-lasting?

--Will you, or another adult, have to help the child use it?

--Is the item worth the money it costs?

Safety

Several factors should be considered for safe toys, play equipment, and play materials. The plaything should:

--Have no small, removable parts when being selected for an infant or young child. Many deaths are caused each year from children choking on parts of toys that have come loose.

--Have smooth, rounded edges to prevent cuts.

--Be nonflammable.

--Be free of toxic paint.

--Be easily cleaned.

--Have a "UL" seal (Underwriter's Laboratories) if electrical. The seal indicates that the toy has been tested for safety of all electrical parts and operations.

--Be easily stored in the available space.

Promote Growth and Development

Playthings chosen for the child's age level, stage of development, and interest encourage their use in play. The following points should be considered in order to promote growth and development of the child. The plaything should:

--Be as free of details as possible. This encourages the child to be creative and to use the item in a variety of ways.

--Be pleasing to the touch.

--Be attractive and pleasing in color.

--Be stimulating enough to encourage a child to do things for himself/herself.

--Be easily manipulated. Consider whether or not the child can use the plaything alone or would need a grown-up to help.

--Encourage cooperative play with playmates.

--Be versatile. Playthings should be useful in more than one way, so they can be played with more frequently and encourage creativity. Versatility also makes a plaything worth its price.

Durability

Toys and play equipment should be durable. They should withstand much wear and tear in order to be used over a period of time. In order to be durable, the item chosen should:

--Be well-constructed.

--Be free of loose or damaged parts.

--Be free of sharp or rough edges.

--Work as it was intended to.

After Choosing the Plaything

In order to keep the the child safe from harm and to increase the life of the play item, keep in mind the following points:

1. Read and follow the directions. If a toy or piece of equipment has directions for assembling or operating, be sure to read and follow those directions. The safety of your child may be at stake if you do not read the information and follow the instructions provided by the maker of the toy or piece of play equipment.
2. Spot-check toys and equipment occasionally for minor damage. Repairs can be made to prevent further damage that could lead to an accident.
3. Discard and/or replace badly damaged toys or equipment. Playthings that are beyond repair should be removed for the child's safety. If the item is a child's favorite or provides much enjoyment, you may want to replace it.
4. Provide reasonable storage for the playthings. Having an appropriate storage space tends to increase the life of the item. It also prevents accidents from scattered toys.
5. Don't leave indoor toys and equipment outdoors overnight. Weather conditions and dew can result in damage to the playthings. This may eventually lead to broken parts that could cause an accident.

Student Information

HOMEMADE TOYS, PLAY EQUIPMENT, AND PLAY MATERIALS

Toys, play equipment, and play materials are needed for a child's learning. Toys do not have to be expensive or store bought. Many toys and play equipment can be made from items found in and around the home.

Children enjoy homemade playthings. Some also enjoy helping to make them. Many hours of fun and learning can be spent in playing with household and homemade items.

Care must be taken to provide items that are safe for the child according to the age and level of understanding. For example, you should never allow an infant or young toddler to play with an item that has small removable parts. A young child does not understand the danger of putting things in the mouth, ears, or nose. It is necessary for caregivers to guard the child's safety and well-being by providing safe and appropriate playthings and activities.

Homemade Toys

There are many household items that can be used as toys for children. When selecting such items for a child to play with, be sure to check for sharp edges and any other unsafe features. Some household items are complete without having to be changed to make a toy.

The following list includes household items that children enjoy playing with. The age of the child determines the safety of these items for appropriate playthings.

--pots and pans
--wooden spoons
--empty boxes
--rubber canning rings
--plastic storage containers that can be stacked or nested
--clothespins
--funnels for sand and water play
--clothes sprinkler for water play
--cookie cutters for mud play or an actual cookie recipe
--flour sifter for sand play
--sieves or strainers for sand and water play
--magnets
--magnifying glass
--empty thread spools
--shoe boxes
--old clothing for dress-up activities
--old binoculars
--brooms
--clothesline for jump rope
--pot covers or lids for cymbals
--large cardboard boxes
--coffee can with plastic lid for a drum
--buckets and baskets

Toys can be constructed for children using scrap pieces of material and other household items. Homemade toys include some of the following:

--stuffed animals
--rag dolls
--sock dolls
--bean bags
--scrapbooks
--picture books and practice books
--puzzles
--card games
--scrap lumber blocks
--cigar box doll beds
--fabric balls
--yarn balls and animals
--puppets

Homemade Equipment

Items found in and around the home can be converted into play equipment for children. Such items include the following:

--old tires for swings
--boxes for cars, tables, puppet house, doll house
--berry crates for doll beds
--rope and board for a swing
--barrels
--boards and blocks for a balance beam
--old furniture for a playhouse
--sawhorse and a smooth board for a seesaw
--sandbox

Play Materials from Household Items

Creative play materials can be made with ingredients from the kitchen. Such play materials include:

--finger paint
--paste
--play dough

Other items found around the home that can be used by the child for creative activities include:

--potatoes, carrots, turnips, that can be used for block printing
--paper and scissors for paper cut-ups, such as snowflakes and paper dolls
--grocery bags for puppets, masks, scrapbook pages
--sweet potatoes, carrot tops, and seeds for growing
--macaroni for a necklace
--nylon stockings for masks and puppets
--paper plates for masks, puppets, and hats
--salt and oatmeal boxes for making doll cradles or cars

- --egg cartons for a sorting box or for making things such as a caterpillar or a bat
- --old newspapers for papier mache' and pasting
- --old magazines for cutting and pasting
- --cardboard tubes for making binoculars, animals, and people
- --paper cups for art and science activities
- --popsicle sticks for construction activities

Some household items are good to have on hand for use in creative play activities. These include:

- --crayons
- --pencils
- --glue or paste
- --paper, plain and construction
- --scissors
- --tape
- --paint
- --food coloring
- --pipe cleaners

Many ideas for making toys, play equipment, and play materials can be found in craft books and children's magazines. Allowing the child to participate in making a toy or piece of play equipment encourages learning. Providing play materials that the child can use to make things encourages creativity. Many hours of entertainment can be provided by inexpensive household items, homemade toys, and play equipment and materials.

Student Information

PROVIDING PLAY AREAS

Helping around home is a valuable play experience. Working with parents or caregivers makes a child feel needed and also helps the child understand adult roles. But a child needs to have a special space set aside for playing and for storing toys and play equipment and materials. The indoor play area may be in the child's bedroom or in the family room or basement or it may be just a corner of a room. Outdoor play areas may be in a safe area of the yard. The outdoor play area should provide fresh air, sunlight, shade, and a place for digging, rolling, running, and water play. Look around your home for suitable space for indoor and outdoor play.

The following points should be considered when deciding on play areas for a child:

- --Ease of supervision
- --Suitable floor coverings
- --Storage for the toys, equipment, and materials
- --Quiet play
- --Large muscle activities

Ease of Supervision

The indoor or outdoor play area should be located within your view if the child is a preschooler or younger. This allows supervision without interfering with the child's play. Make sure the area is free of danger. It should also be of sufficient size to accommodate play equipment safely.

Suitable Floor Coverings

A low pile carpet provides a soft area for sitting and crawling. It also makes the floor warmer during winter months. A large blanket might be used on tile or wood floors for this purpose.

When the child is painting, pasting, or involved in water play, a washable floor covering is more suitable for easy clean-up. A large piece of oil cloth may be used on the floor if an uncarpeted area is not otherwise available.

Storage for the Playthings

Toys need to be arranged and stored in a way that will be safe and that will encourage creativity and responsiblity. They need to be easy for the child to find and near the play area. Shelves, drawers, closets, and toy boxes are used for storing playthings. Low shelves are considered to be the best storage space for children because the toys can be seen and chosen quickly. Putting the toys away is also easier since the child will know where to put them.

Use drawers to store small or flat items. Put low shelves in closets for storing toys and equipment. Otherwise, the closet can become an unorganized storage place. Shelves can easily be made of concrete blocks and boards. They can be made the height, width and length needed. A toy box means digging or dumping toys out, which is also unorganized and sometimes frus-trating to the child when a toy cannot be found easily. Drawers, closets, and toy boxes may mean mashed or pinched fingers. Caution the child.

Having a place to put away playthings is important. Providing such an area teaches the child to be organized and to pick up and put away toys and equipment after play is over.

Quiet Play

There should be an area that the child can look at and read books, listen to music, and be involved in other quiet play activities without being distracted by noise.

Large-Muscle Activities

Large muscle activities involve the use of wheel toys, throwing balls or beanbags, running, hopping, swinging, and jumping. Children need an indoor and/or outdoor play area that will allow for large-muscle play. A yard, local park, a carport, a patio, or a basement may provide for this type of activity.

Student Self-Check

CHOOSING PLAY THINGS AND PLAY AREAS FOR PRESCHOOL CHILDREN

Directions: On a separate sheet of paper answer the following questions. Check your answers against those provided on p. 10.

1. List ten features to look for when choosing toys and play equipment.
2. List four advantages of using home-made playthings.
3. List three points to consider when deciding on a play area for a child.

488

Student Self-Check

ANSWERS
PLAY FOR PRESCHOOLERS

1. --Outlet for energy
   --Increases the appetite
   --Develops concentration
   --Develops the mind and body
   --Develops skills
   --Encourages creativity
   --Child learns about the environment
   --Outlet for emotions, such as anger, fear, jealousy, and grief
   --Develops social skills
   --Develops sportsmanship
   --Child learns to follow directions and obey rules

2. Refer to the chart in Student Information, DIFFERENT TOYS FOR DIFFERENT AGES OF THE PRESCHOOL YEARS, pp. 3-4 of this module, for answers.

Student Self-Check

ANSWERS
CHOOSING PLAYTHINGS AND PLAY AREAS FOR PRESCHOOL CHILDREN

1. --No small, removable parts
   --Smooth, rounded edges
   --Nonflammable
   --Free of toxic paint
   --"UL" seal, if electrical
   --Easy to store if space is available
   --Appropriate for the age it was made for
   --Promotes growth and development
   --Free of details
   --Pleasing to the touch
   --Attractive and pleasing in color
   --Encourages the child to do things without help (independently)
   --Easily manipulated
   --Encourages cooperative play
   --Versatile
   --Durable and well-constructed
   --Works as it was intended to

2. --Little or no expense
   --Found in and around the home
   --Child can help to make the homemade toy
   --Encourages creativity
   --Offers many hours of entertainment

3. --Ease of supervision
   --Suitable floor coverings
   --Storage for the toys, play equipment, and materials
   --Area for quiet play
   --Area for active play

489

Evaluator's Final Checklist

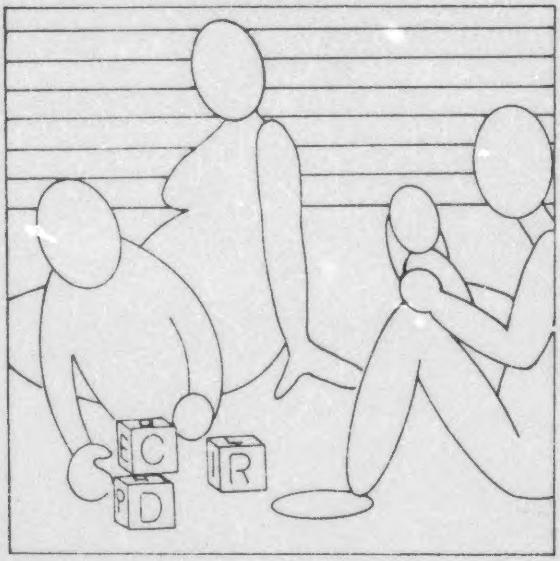
CHOOSING TOYS, PLAY EQUIPMENT, AND PLAY MATERIALS FOR PRESCHOOL CHILDREN

Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
The student completed the Check-Out Activity Sheet with 80% accuracy	( )	( )	( )

HUMAN DEVELOPMENT

ASSITING YOUNG CHILDREN AT MEALTIME



INTRODUCTION

Many skills must be mastered in the first six years of life, including the skill of feeding oneself. Mealtime should be an enjoyable occasion, free of frustration and conflicts. Nutritious foods should be provided in sufficient amounts and in the forms that a child can handle. Time and patience are necessary to help a child learn to feed himself/herself. In this module you will learn about children's food needs, how to make mealtime a pleasant experience, and how to assist a child with eating.

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVES

When you finish this module, you will be able to assist a child with eating and complete a test about children's food needs and the mealtime experience with 80% accuracy.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, ASSISTING YOUNG CHILDREN AT MEALTIME.

LEARNING ACTIVITIES

1. READ Student Information, CHILDREN'S FOOD NEEDS, p. 3,

   (and/or)________________.

2. RESEARCH ways to make mealtime a pleasant experience for the young child and the whole family in references provided by your instructor. USE Student Information, MAKING MEALTIME PLEASANT, p. 3,

   (and/or)________________.

3. READ Student Information, ASSISTING A CHILD TO SELF-FEED, pp. 3-5,

   (and/or)________________.

4. COMPLETE Student Self-Check, MEALTIME FOR CHILDREN, p. 6.

5. WORK with your instructor to plan and carry out a related FHA/HERO activity,

   (and/or)________________.

6. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

Student Information

CHILDREN'S FOOD NEEDS

Young children must have certain kinds of food for growth. They also need food for energy and to repair body cells. Children need foods from the Daily Food Guide, but they need them in different amounts than do teenagers or adults.

Milk Group:

3 or more servings per day.
This includes milk, ice cream, and cheese.

Breads and Cereals Group:

3 or more servings per day.
This group includes breads, pancakes, waffles, biscuits, muffins; cereals; and rice, spaghetti, noodles, and macaroni.

Vegetables and Fruits Group:

4 or more servings daily.
This includes all vegetables and fruits. One of these servings should contain Vitamin A, such as a dark green, leafy, or yellow vegetable. Two of the servings should contain Vitamin C such as citrus fruits.

Meat Group:

2 or more servings daily.
This includes meat, poultry, fish, peanut butter, and eggs.

There are certain kinds of foods which should not be given to children. One kind is junk food. These are foods like potato chips, pretzels, etc., that contain no food value. Another kind of food to avoid are those high in refined sugar, such as soft drinks and candy.

Foods that contain additives should also be avoided as much as possible.

Student Information

MAKING MEALTIME PLEASANT

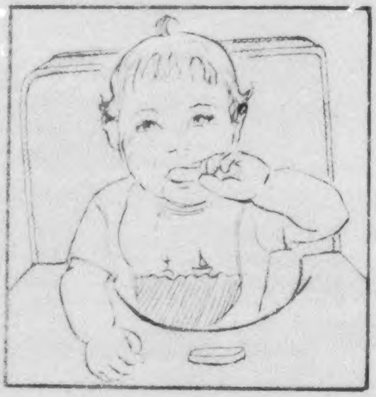
Directions: Write the answers to the following questions on a separate sheet of paper. Use references provided by your instructor to research the questions. Check your answers against those provided by your instructor.

1. Suggest ways to avoid feeding problems.
2. Suggest ways to serve the food to make the meal enjoyable for the child.

Student Information

ASSISTING A CHILD TO SELF-FEED

A child will develop many habits and learn to master many skills during the first six years of life. One of the skills is learning to self-feed. Since no two children are alike, no two children will eat alike. Each child will develop his/her own pattern for eating. Many eating habits are temporary and should not be a cause for alarm. The important thing for the parent or caregiver to do is to provide (1) sufficient amounts of foods to meet daily nutritional requirements and (2) pleasant feeding experiences that will help develop positive attitudes about food.



Self-feeding begins with the ability to grasp and hold onto things. When a baby can pick up small objects between the thumb and index finger, finger foods can be introduced. Finger foods are foods that can easily be picked up and put into the mouth. Because the baby will have only a few teeth, choose foods of a texture that can easily be gummed or chewed before swallowing to avoid choking. Such foods include:

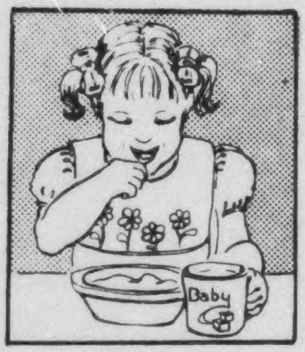
--pieces of soft fruits such as bananas
--round, nonsugar-coated cereals
--cooked, cubed vegetables such as carrots and potatoes
--zwieback crackers or melba toast
--graham crackers
--cheese cubes

Give only a few pieces at a time so that the baby does not cram too much food into the mouth at one time and possibly choke on it.

Babies usually learn to drink from a cup between 12 and 18 months of age. During the last months of the first year, the baby is gradually being weaned from the breast or bottle by introducing a cup or glass. The baby should be offered small amounts of milk, juice, or water from the cup. As the baby learns to sip and hold onto the cup, allow him/her to do so without help. At first it will be difficult for the baby to tilt the cup without spilling, but as skill is developed in handling the cup, spills will not occur as frequently. The cup should be unbreakable and the right size for the baby. Some parents or caregivers prefer to give the baby a plastic cup with a covered top and a weighted bottom. This kind of cup allows self-feeding without spilling and wasting milk or juice.

The procedure for helping the child to learn to drink from a cup or glass is as follows:

1. Pour a very small amount of liquid into a small unbreakable cup or glass.
2. Gently wash the child's face and hands with a soft, wet washcloth.
3. Seat the child in a booster chair at the table or in a highchair with tray.
4. Place a bib on the child.
5. Place the child's hands on the cup or glass. (The child first holds it with two hands with help from the adult.)
6. Guide hands to mouth tilting the cup just enough.
7. Instruct the child to sip.
8. Guide hands to set cup or glass down.
9. Repeat sequence. When the child learns to do the procedure, gradually withdraw help.
10. Offer words of encouragement and praise.
11. Gently clean the child's face and hands with a soft, wet washcloth when he/she has finished.
12. Remove the bib.



After learning to handle finger foods and drinking from a cup or glass, the child learns to handle a spoon. At about 18 months the child has enough control of wrist movements to bring a spoon to the mouth. The spoon should be small with a straight handle so that it fits the child's hand. With a spoon the child can begin to manage such foods as mashed potatoes or cottage cheese. To make self-feeding less frustrating and to prevent the plate from moving, a suction cup on the plate or a wet towel under it will help. Learning to handle the spoon involves filling, lifting, aiming, emptying, and refilling it.

The procedure for helping a child to self-feed with a spoon is as follows:

1. Place small amounts of food on the child's plate.
   Caution: Allow hot foods to cool before putting them in front of the child.
2. Gently wash the child's face and hands with a soft, wet washcloth.
3. Seat the child in a booster chair at the table or in the highchair with tray.
4. Put a bib on the child.
5. Give the child a spoon.
6. Place your hand over the child's hand on the spoon and guide it through dipping into the food and lifting it to the mouth.
7. Give the child time to taste and eat the bite of food.
8. Then, guide the spoon back to the dish. Gradually withdraw help.
9. Help with difficult tasks, such as getting some foods onto the spoon, if necessary.
10. Offer words of praise and encouragement.
11. Finish feeding the child when self-feeding has ceased.
12. Allow the child to continue eating until food has been eaten or is refused (about 20 to 30 minutes).
13. Gently clean the child's face and hands with a soft, wet washcloth.
14. Remove the bib.

After the child has mastered self-feeding with a spoon, start training for a fork. The procedure for using a fork is the same as the spoon. It also includes the steps of piercing and cutting.

Learning to self-feed is a messy process that should be tolerated by caregivers with humor and in a relaxed manner. Time and patience are necessary to help a child learn to self-feed. Spills often occur because the baby has not yet developed the coordination of eyes and hands.

Baby enjoys feeling of and exploring the food as well as eating it, so you can expect mealtime to be messy. Put papers or a large piece of heavy plastic or oilcloth down on the floor under and around the baby's chair to eliminate some of the clean-up and/or to make it easier.

Student Self-Check

MEALTIME FOR CHILDREN

Directions: On a separate sheet of paper, answer the following questions. Check your answers against those provided on p. 7

1. Everyone, including children, needs sufficient amounts of foods each day from the basic four food groups. These groups are _____, _____, _____, and _____.
2. List three types of foods you should limit giving children.
3. List five things a parent or caregiver can do to avoid feeding problems.
4. Name two important things that a parent or caregiver can provide to help a child learn self-feeding and to promote good eating habits.
5. When does self-feeding begin?

Student Self-Check

ANSWERS
MEALTIME FOR CHILDREN

1. --Breads and cereals
   --Meat
   --Fruits and vegetables
   --Milk and milk products

2. --Junk foods, such as pretzels and potato chips
   --Foods containing mostly refined sugar, such as candy and soft drinks
   --Foods containing additives such as preservatives and food coloring

3. --Have meals at a regular time to give a child a sense of security.
   --Have relaxing meals that are free of arguments and conflicts.
   --Do not make an issue of the amount of food a child eats.
   --Do not bribe a child to eat.
   --Do not stress table manners until a child has developed the skill of self-feeding.
   --Do not punish a child by withholding a particular food.
   --Serve the food attractively. Have a variety of shapes, colors, and textures.
   --Arrange the table attractively, using colors that are pleasing.
   --Offer the child servings of food in manageable amounts
   --Offer the child food in the form that he/she can handle.
   --Cut foods up in small bites.
   --Serve children foods with mild flavors and seasonings.
   --Food should not be commented on negatively by other family members.
   --When possible, let the child select foods.
   --Introduce new foods gradually.

4. --Serve sufficient amounts of foods to meet daily nutritional requirements
   --Provide pleasant feeding experiences that will help develop positive attitudes about food

5. Self-feeding begins with the ability to grasp and hold onto things.

Evaluator's Final Checklist

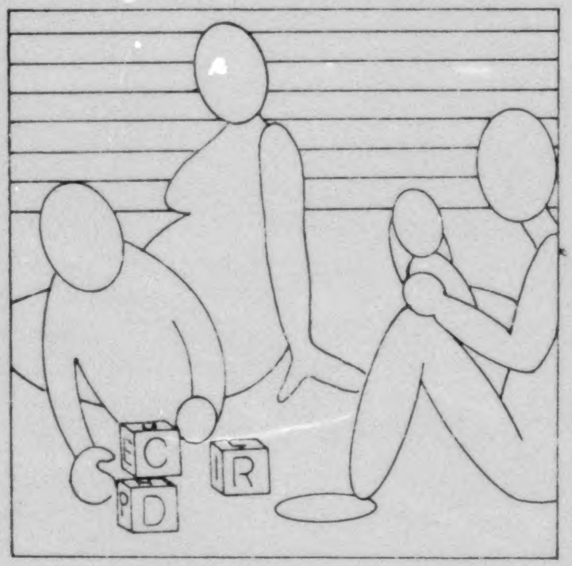
ASSISTING YOUNG CHILDREN AT MEALTIME

Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
(1) The student completed the Check-Out Activity Sheet with 80% accuracy	( )	( )	( )
(2) The student completed the Check-Out Activity Sheet with 80% accuracy	( )	( )	( )
(3) When assisting a child with eating, the student:			
a. Assembled the foods and equipment	( )	( )	( )
b. Gently washed the child's face and hands	( )	( )	( )
c. Seated the child appropriately	( )	( )	( )
d. Put a bib on the child	( )	( )	( )
e. Provided the appropriate amounts of foods	( )	( )	( )
f. Demonstrated how to handle a cup, a spoon, and/or a fork	( )	( )	( )
g. Helped the child when necessary	( )	( )	( )
h. Encouraged and praised the child	( )	( )	( )
i. Gently cleaned child's face and hands after the meal	( )	( )	( )

HUMAN DEVELOPMENT

PLAY AND THE PRESCHOOL CHILD



INTRODUCTION

Play is the enjoyable work of a child. It is natural, and fun. The preschool years are the "formative" years of life--a time when the child is forming attitudes and developing skills. It is during these years that a child learns about the world. Many play activities need to be provided for the development of physical, mental, social, and emotional skills. In this module you will learn about the types of play and how to plan, organize, and guide play activities for young children.

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVES

When you finish this module, you will be able to organize and guide play activities for children and you will be able to complete a test about different types of play with 80% accuracy.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, PLAY AND THE PRESCHOOL CHILD.

LEARNING ACTIVITIES

1. READ and DISCUSS Student Information, THE PRESCHOOLER, pp. 3-5, with classmates,

   (and/or)________________.

2. VIEW the filmstrip, provided by your instructor, about play and about learning about oneself and the world. DISCUSS what you learned from the filmstrip with a large or small group of classmates,

   (and/or)_______________.

3. READ about the different types of play in a reference provided by your instructor,

   (and/or)_______________.

4. READ Student Information, PLAY ACTIVITIES FOR YOUNG CHILDREN, pp. 6-8,

   (and/or)_______________.

5. COMPLETE Student Self-Check, UNSCRAMBLE THE PLAY ACTIVITIES, p. 8.

6. OBSERVE as your instructor or a resource person reads and tells a story to preschoolers. SELECT a story to tell or a book to read from references that are available. PRACTICE telling or reading a story to a classmate. HAVE the classmate check your performance using Student Information, STORYTELLING ACTIVITIES CHECKLIST, p. 9. DISCUSS points that need improvement,

   (and/or)_______________.

7. OBSERVE as your instructor or a resource person demonstrates the use of musical instruments, songs, fingerplays, and action songs to the class. PRACTICE fingerplays, action songs, and using musical instruments that are available. LEAD one fingerplay or action song,

   (and/or)_______________.

8. READ Student Information, GUIDING CHILDREN AT PLAY, pp. 10-11,

   (and/or)_______________.

9. PLAN a play activity for a case situation provided by your instructor. USE Student Information, STUDENT WORKSHEET FOR PLANNING A PLAY ACTIVITY FOR PRESCHOOLERS, p. 11,

   (and/or)_______________.

10. WORK with your instructor to plan and carry out a related FHA/HERO activity,

   (and/or)_______________.

11. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

Student Information

THE PRESCHOOLER

Some authorities call the period from about two-and-one-half-years-old until the child starts first grade the preschool or "formative" years. These are called formative years because a foundation or basis for later life is being formed. The child needs much love, understanding, guidance, and many opportunities for growing and learning during these years.

Preschoolers are not always able to express in words how they feel. Because of this, adults often think that children do not have feelings. Or they think that children's feelings aren't important. It is very important for caregivers to learn about the normal growth and development of children of all ages. Knowing why children act as they do will help caregivers respond positively to a child's needs. Children must be treated with respect. Letting a child know that he/she is a special and important person helps the child develop a positive self-image. (Self-image or self-concept is the way you see yourself. People who have poor self-images and do not feel good about themselves are unhappy.)

All preschoolers go through many changes in growth and development. Each child progresses a little differently. Factors such as health, nutrition, physical environment, and family relationships will influence this development. Sometimes it may seem as though the child is growing in one area of development, but more slowly in another area. This is normal. The list of characteristics on the following pages are typical of the average child during the preschool years.

GROWTH AND DEVELOPMENT CHART

AGE	PHYSICAL	MENTAL	SOCIAL	EMOTIONAL
2½ years thru 3 years	--Loves to run, jump, climb, and go up and down stairs. --Can balance self. --Likes to walk on tiptoes. --Can ride a tricycle. --Enjoys swinging and sliding. --Is beginning to help self with such tasks as washing hands, drinking from a cup, eating without much spilling, and undressing. --Enjoys small-muscle skills such as coloring, painting, and playing in the sand, mud, and clay.	--Likes to repeat words. --Is attentive to words. --Responds to suggestions. --Knows a few rhymes. --Can identify some colors. --Can work easy puzzles. --Likes books.	--Makes friends in a rough and direct manner often through hitting, grabbing, or pushing and shoving. --Is beginning to use the ability to talk as a means of making friends. --Plays alongside other children (parallel play). --May cry when parents leave.	--Plays with imaginary companions. --Is beginning to understand the idea of sharing and waiting turns. --Especially likes praise and affection. --May display fear of the dark, animals, storms, and the "boogie" man. --Shows sympathy for a person who is hurt or crying.
4 years	--Continues to do things with his/her hands that develops small muscles. --Enjoys vigorous outdoor play. --Can catch and throw a ball. --Can skip. --Can hop on one foot. --Can use small scissors.	--Is imaginative. --Is talkative. --Is beginning to think and reason. --Likes to pretend. --Asks many questions. --Enjoys music. --Enjoys books. --Notices the "shock" value of some words. --Is interested in death.	--Begins to play with other children (associative play). --Is friendly. --Gets along better with adults than with other children. --Loves to imitate. --Talks to strangers. --May talk about disliking a person.	--Is negative. --Often uses strong language and name-calling. --May say "I love you" one minute and "I hate you" the next minute. --Tells tall tales. --Likes to brag. --May be selfish.

AGE	PHYSICAL	MENTAL	SOCIAL	EMOTIONAL
4 years	--Can do fingerplays. --Can stack blocks vertically.	--Can draw a square, a rectangle, and a circle. --Can make an "X".		—May be impatient. —Is learning to accept limits. —Is concerned about imaginary dangers.
5 years	--Can dress and undress if trained and allowed to do so. --Can manage self-help skills such as eating, washing hands, and toileting. --Enjoys rhythm activities. --Has excellent balance. --Can draw recognizable pictures. --Can tie shoelaces. --Can fasten buttons. --Has developed handedness.	--Is intensely curious about the world. --Is eager to experiment. --Loves repetition in speech, actions, and routines. --Listens to family conversations and repeats them when you least expect it. --Knows full name and address, if taught. --Recognizes colors. --Follows simple directions. --Can retell a story. --Likes silly stories. —Pays attention.	—Has uneven social behavior. Sometimes this age preschool child is cooperative and will share and at other times shows off, asks embarrassing questions, acts silly and uncooperative, or is very shy. --Gets along well with other children. --Likes to show off by being restless, doing stunts, and speaking loudly. —Tries to get his/her own way by refusing to comply with requests, by sulking and acting withdrawn, or by throwing toys away. --May choose special friends for the first time. --Likes group play activities (cooperative play).	—Is proud of parents. —Is protective of little brothers and sisters. —Has a longer attention span. —Sometimes tattles. —Sometimes tells things that aren't true. --Feels guilty after doing something wrong. --Likes having responsibilities.

Student Information

PLAY ACTIVITIES FOR YOUNG CHILDREN

Play activities for young children include a wide range of play experiences. The different categories of play activities described in the following paragraphs will give you an idea of the kinds of play experiences that you can provide little children.

Creative and Manipulative Play

Creative and manipulative play experiences involve the use of the hands and the imagination in handling play materials and small toys. Children benefit from these activities in the following ways:

--Increased sensory abilities
--Increased eye-hand coordination
--Opportunity to work alone and with others
--Opportunity to express self
--Broadening of the imagination
--Entertainment

Creative and manipulative play experiences may include any of the following activities:

--Use of play dough
--Use of modeling clay
--Use of papier mache
--Cutting paper and cloth
--Pasting
--Taping
--Painting
--Using a hammer and nails
--Stringing beads
--Table games, such as puzzles, sewing cards, matching cards

Art Activities

Art activities offer the child an opportunity for self-expression. A child's art work may display the emotions of humor, joy, excitement, sadness, anger, or hostility. Children should be given freedom to create their own art. The following guidelines should be kept in mind when guiding children in art activites:

--Avoid rushing a child.
--Offer very little corrections and demonstrations on how to do the art activity.
--Do not expect children to copy a model or stay within the lines on a coloring book page. This stifles creativity.
--Encourage, but do not expect, children to talk about their art.
--Do not ask, "What did you draw?" Children may expect adults to recognize what they have drawn. If you don't know what the drawing is, a child may feel that his/her art work is not adequate. Instead say, "Tell me about your picture (or whatever the art work is)."
--Give instructions on how to use equipment and materials.
--Make sure that the equipment is in good condition.
--Use safety equipment, such as blunt-tipped scissors.

The sequence that usually occurs as children learn to draw starts with scribblings, proceeds to line drawings, then to circular motions in the art work. Random drawings occur next, then partial drawings of particular scenes, and finally a complete scene that displays a story.

Art activities include a wide range of crafts and art supplies that include the following tasks:

--drawing
--painting
--cutting
--pasting
--sculpting

Table Games

Table games are a quieter type of play activity. Table games can be played alone or in small groups. Table games can be educational and can help children develop small muscles. Table games include the following:

--puzzles
--peg-in-boards
--lottos
--bingo
--matching games
--sorting items according to color, shape, size, etc.

Woodworking and Carpentry

Woodworking and carpentry offer children the following benefits:

--The introduction to new materials
--Development of eye-hand coordination
--Increase the understanding of spatial relationships, such as how boards fit together, how one board becomes two, etc.
--Learn the skills of sawing, cutting, nailing, sanding, painting, etc.
--Learn the skills of sawing, cutting, nailing, sanding, painting, etc.
--Learn safety rules when using tools

An adult should supervise children when they are working with hammers and saws.

Dramatic Play

Dramatic play includes "make-believe" activities such as playing house, dress-up, store, etc. Dramatic play is of value to children in the following ways:

--Encourages learning the roles of family members and community service people
--Offers the opportunity for self-expression
--Increases self-awareness
--Develops concepts of spatial relationships
--Encourages learning about classification of items
--Increases eye-hand coordination
--Encourages sharing
--Encourages a sense of responsibility

Music and Creative Movement Activities

Music and creative movement activities may include listening and/or dancing to music on record, singing and acting out songs and finger plays, and playing musical instruments. The benefits of music and creative movement activities include the following:

--Offer the opportunity for creative expression through songs, finger plays, and body movements
--Increase listening skills
--Provide for the release of tension
--Promote learning of concepts of body awareness and spatial relationships
--Promote muscle coordination through creative movement
--Promote language skills
--Develop vocal cords
--Promote recognization of sounds of instruments

Nature/Science Activities

There are many resources for nature/science activities: the seasons of the year, pets, wildlife, plants, flowers, construction sites, factories, zoos, museums, parks, field trips, and food preparation. Children can learn a lot about the world around them by participating in such nature/science activities as the following:

--cooking
--gardening
--observing living creatures
--water play
--sand play
--collecting rocks, leaves, etc.

Storytelling Activities

Reading books and telling stories to children will help them in the following ways:

--Provide new information
--Promote listening skills
--Provide appropriate speech patterns
--Teach children to follow a sequence of events
--Present new words
--Encourage the imagination
--Show appropriate behavior
--Encourage a child to want to learn to read

Six points to remember when telling stories to children include:

- --Seat the child or children on the same level as the adult.
- --Show enthusiasm while telling the story.
- --Talk loudly and clearly so that the child or children can hear.
- --Know the story well enough that you don't have to read it word for word.
- --Tell the story slowly, but don't drag it out unnecessarily.
- --Use body movement to act out parts, if appropriate.
- --Change your voice and facial expressions to make the story more interesting.

Puppets and flannelboard characters and objects are sometimes used to add interest to the story.

Student Self-Check

UNSCRAMBLE THE PLAY ACTIVITIES

Directions: Number a sheet of paper from 1 to 10. Read each sentence. Then fill-in-the-blank with the correct word. The letters of the word are given in a scrambled order. Unscramble the word to find the answer. Check your answers against those provided on p. 12.

1. Using the hands and the imagination to handle play materials and small toys in a creative way is ______ play.

   UIAATIPNVEML

2. Peg boards, puzzles, sewing cards, lottos, and matching games are popular _______ _______.

   BATEL MAGSE

3. Watching TV, looking at comics, listening to stories, and watching others are activities classified as _______ type play.

   VISASPE

4. Children can be encouraged to like and use books through _______ activities.

   STRIMEOTY

5. Cooking, carpentry, gardening, water play, and sand play are excellent _______ activities with young children.

   CIENSCE

6. Children are helped to develop a sensitivity to sounds and variations in tone, rhythm, tempo, and harmony through _______ activities.

   SUICM

7. Scribbling, drawing, painting, making collages, and sculpture are _______ activities which provide a means for self-expression.

   RAT

8. Family games, construction, exploratory play, and dramatic play are kinds of _______ play that preschoolers enjoy.

   CATIVE

9. Dressing up in old clothes, playing house, pretending, and using puppets to tell stories are _______ play activities.

   TAMADRIC

10. A hammer, nails, a saw, wood, and a workbench are needed tools, equipment, and supplies for _______.

    DOORWOWKIGN

Student Information

STORY TELLING ACTIVITIES CHECK LIST

Directions: Obtain a copy of this checklist to complete one part of Learning Activity #6

STORY TELLING ACTIVITIES CHECK LIST	YES	NO	NOT APPLICABLE
1. The child (or children) was seated on the same level as the adult.			
2. The story was told or read clearly and loudly enough to be easily heard.			
3. If storytelling, the story was told instead of being read.			
4. If reading a story with illustrations, the book was held at the eye-level of the child (or children).			
5. The story was told with enthusiasm, expression, and appropriate action.			
6. Flannelboard characters or puppets were used to add to the story.			
7. The story was told slowly, but did not drag on.			
8. The child (or children) was given the opportunity to ask quesitons or to talk about the story.			

Student Information

GUIDING CHILDREN AT PLAY

You will have three roles to perform when guiding children at play. You must be:
--a supervisor,
--a guide,
--a playmate.

As a supervisor, you will watch the child from a distance making sure that he/she is safe and under control. You will not need to dominate or smother the child with your presence. A child needs freedom to play without too many restrictions.

As a guide, you will provide guidance and assistance as needed. You will show the child how to do things and give help if asked. You will become alert to the child's needs and will be able to determine when he/she needs to be directed to other toys and/or activities.

Sometimes you will be a playmate. As a playmate, you will interact with the child. You will play on the child's level. This will provide learning experiences for both you and the child. You will learn to think like the child and, therefore, see the child's point of view. The child will learn about people through the play experience with you. As a playmate, you will need to be fair. Avoid giving in or always letting the child be the winner when playing games. The child will begin to think he/she can do things better than is actually true. This could cause the child to be very disappointed at other times when he/she does not win.

To fulfill your roles as supervisor, guide, and playmate, you should practice positive guidance techniques:

1. Listen to the child . . . not just the words but also the body language. Often these actions and facial expressions make the meaning of the words clearer. Let the child know that you understand.

2. Make yourself understood. Get down on the child's level, face-to-face. Use words and examples that the child can understand.

3. Use positive language. Tell the child what can be done. Give reasons when possible. For example, if blocks are not to be thrown. Explain that they may hurt someone and suggest a ball for throwing.

4. Provide limits. Children feel secure with reasonable limits (rules). They need to know the consequences of breaking the limits. Sometimes the consequence is a direct result of breaking the rule. (For example, a dropped record breaks.) Sometimes the consequence is one that the adult provides. (For example, "If you go outside the fence, you will have to come inside where I can watch you.) The adult should make sure that the consequence relates to the limit broken and the seriousness of breaking it. For example, tearing a book is not as serious as hitting the baby. Be sure the consequences for tearing a book are less severe than for hitting the baby. This helps the child to learn to reason and to learn values.

5. Be consistent. If rules are changed often and without good reason, children become confused and frustrated. They begin to lose trust in their caregivers. This often brings about insecurity and fear.

6. Reinforce good behavior. Everyone likes attention. If children are given attention only when they do something wrong, they will be encouraged to do more wrong to get attention. Give attention to good behavior so that it will be repeated!

7. Encourage independence. Children learn by doing. You must let the child try to do tasks alone. Sometimes there will be failure, but keep in mind that a child learns from trial-and-error. Compliment the trying. Guide the child to success by providing suitable toys. Give the child reasonable choices and then accept whatever choice the child makes. Avoid hovering over the child. Give as much freedom as possible.

   Children learn much from playing with others. When problems arise, let children try to settle their differences. Don't get involved in settling disputes until it's clear that you must help with a solution.

   A child can also learn from playing alone. Independent play promotes independence. A child should have a balance of playing alone and playing with others.

8. Aid in clean-up. The responsibility of clean-up is a part of play. After each play activity, a child should be encouraged to put away the toys. Having several clean-up times throughout the day encourages the child to learn to fulfill responsibilities. Help as needed. Clean-up time can be fun if enough time is allowed and when caregiver and child can do it together. Have a specific place for things so that the child will know where to put them.

Student Information

STUDENT WORKSHEET FOR PLANNING A PLAY ACTIVITY FOR PRESCHOOLERS

Directions: On a separate sheet of paper, write a plan for a play activity for preschoolers. Use the case situation provided by your instructor. Include all of the information suggested below in your plan.

1. Type of activity:
2. Toys, materials, equipment needed:
3. Age(s) of child(ren):
4. Suggested time and location:
5. What is the value of this activity?
6. How will the child(ren) be encouraged to participate?
7. What is the expected behavior of the child(ren) for this activity?
8. What safety precautions will be taken?

Student Self-Check

ANSWERS
UNSCRAMBLE THE PLAY ACTIVITIES

1. Manipulative
2. Table games
3. Passive
4. Storytime
5. Science
6. Music
7. Art
8. Active
9. Dramatic
10. Woodworking

Evaluator's Final Checklist

PLAY AND THE PRESCHOOL CHILD

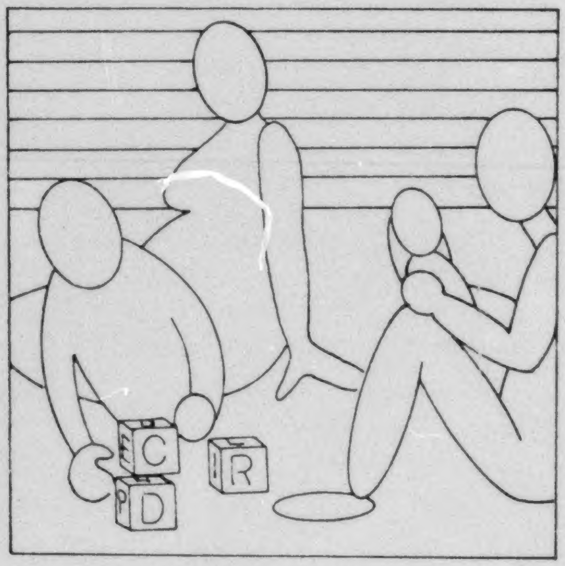
Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
(1) The student completed the Check-Out Activity Sheet with 80% accuracy	( )	( )	( )
(2) When organizing and guiding a play activity for a preschool child or children, the student:			
a. Selected an activity appropriate for the age and stage of development of the child or children	( )	( )	( )
b. Provided toys, play equipment, and/or materials for the activity	( )	( )	( )
c. Planned the activity to benefit the child or children based on age and stage of development	( )	( )	( )
d. Encouraged the child or children to participate	( )	( )	( )
e. Practiced positive guidance techniques	( )	( )	( )
f. Listened to what the child or children had to say	( )	( )	( )
g. Encouraged and helped the child or children clean-up the area after the activity	( )	( )	( )

Module HD-51

HUMAN DEVELOPMENT

PLAY AND THE SCHOOL-AGE CHILD



INTRODUCTION

The middle years are a period of transition or change for children. Life becomes centered around school and community activities and less on activities at home. Play during this period is important for growth and development. Play is important for physical growth, body coordination and social skills. Intellectual and emotional growth also result from good play activities. In this module you will learn about the characteristics of children from age six through age thirteen. You will also learn how to plan, organize, and guide play activities for children of these ages.

Before you start to work on this module, be sure you have completed HD-48, "Choosing Toys, Play Equipment, and Play Materials for Preschool Children."

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVES

When you finish this module, you will be able to plan, organize and guide child(ren) in a play activity.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, PLAY AND THE SCHOOL-AGE CHILD.

LEARNING ACTIVITIES

1. READ Student Information, THE SCHOOL-AGE CHILD, p. 3,

   (and/or)________________.

2. READ Student Information, PLAY AND THE SCHOOL-AGE CHILD, p. 11,

   (and/or)________________.

3. READ about companions for young children in a reference provided by your instructor,

   (and/or)________________.

4. VIEW the filmstrip, provided by your instructor, about play and peer relations. DISCUSS what you have learned from the filmstrip in a large or small group,

   (and/or)________________.

5. BRAINSTORM with classmates play activities for a school-age child to do alone. Also BRAINSTORM play activities and specific games for children of school age to do with a group. DISCUSS the rules for playing specific childhood games,

   (and/or)________________.

6. CHECK YOUR KNOWLEDGE by completing Student Self-Check, PLAY FOR THE SCHOOL-AGE CHILD, p. 11.

7. PLAN a play activity for a case situation provided by your instructor. USE Student Information, WORKSHEET FOR PLANNING A PLAY ACTIVITY FOR SCHOOL-AGE CHILDREN, p. 12,

   (and/or)________________.

8. WORK with your instructor to plan and carry out a related FHA/HERO activity,

   (and/or)________________.

9. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

Student Information

THE SCHOOL-AGE CHILD

Middle childhood, which we have termed the school-age years, is a time for much change in the life of a child. The school-age years are sometimes called the "forgotten years." This is because we do not observe these children as closely as we do younger children who are growing very fast.

At the age of six, the child steps into a larger world of the elementary school and the community. At this time the child experiences the change from behaving like a little child to trying to behave like older children and adults.

Life for these children is no longer centered around the home. Although school-age children want to be independent, they still need the attention, affection, and sympathy of parents and other family members.

During the early years of school, the child is learning many new skills. Their skills may not be as perfectly performed as those of older children or adults, but we must keep in mind that they can perfect their skills through practice and repetition. School grades should not be mentioned. Insistence on good grades can kill the desire to learn and stifle a child's creativity.

Age eight marks the dividing line between early childhood and the mature middle childhood years. Children of this age want to be "grown-up." They are gaining self-confidence and self-reliance. The eight-year-old enjoys new experiences and is eager to learn. Because children at this age are so active, many accidents occur.

The late middle years are referred to as preadolescence. It is during this period of time that the child's body is maturing. During the last years of middle childhood, children reach puberty. Puberty is the period of growth and change which makes a male or female capable of reproduction. Many physical and emotional changes occur during this stage of transition from child to adult.

Physical, mental, social, and emotional growth differs from child to child. Growth may be slow or fast, or it may be steady or irregular. The growth rate of each area of development within one child varies. Although each child develops at his/her own rate, certain characteristics seem to predominate. The following chart of charcteristics are typical of the average child during the school-age years.

GROWTH AND DEVELOPMENT CHART

AGE	PHYSICAL	MENTAL	SOCIAL	EMOTIONAL
6-7	--Child has lost most of the baby characteristics. --Child's legs are lengthening. --Permanent teeth are beginning to appear. --Child is gaining in height and weight. --Child is susceptible to contagious diseases. --The large muscles are better developed than the small muscles. --Child enjoys using hands for painting, pasting, coloring, cutting. --The child is very active and finds it hard to sit still. He/she likes to run, chase, climb, dodge, swing, jump, throw a ball, catch a ball, hit a ball, bounce a ball, and carry things.	--Child learns to read. --Child knows own name, address, and parents' names. --Child is eager to learn. --Child learns to use money.	--Child is self-assertive. --Child plays follow-the-leader and gains ideas and courage from a model. --Group games become popular at this age. --Boys and girls play together. --Child is able to use the telephone.	--Child is easily tired, is overactive, and is restless. --Child is sensitive to the feelings and attitudes of others. --Child is cautious and self-critical. --Child is moody. --Child finds it hard to lose and may cheat, steal, or cry if he/she loses in a contest. --Child delights in receiving praise and being given small responsibilities.
7-8	--Child is much like the 6-7 year old in physical growth.	--Child can count by ones, twos, fives, and tens.	--Child begins to compete in school. --Child begins to	--Child is more cautious than at six.

GROWTH AND DEVELOPMENT CHART

AGE	PHYSICAL	MENTAL	SOCIAL	EMOTIONAL
	--Child tires easily and needs about eleven hours of sleep each day.	--Child can grasp the basic ideas of adding and subtracting. --Child learns to tell time. --Child can run errands and make purchases. --Child is curious about the differences between the sexes and how babies come. --Child wants to know how things work. --Child likes to make things.	recognize property rights. --Child stands up for his/her just rights and should be encouraged to do so. --Child likes to dress and act like his/her friends. --Child tends to choose friends and to notice the difference between his/her home and the homes of others. --Child craves adult approval and may tattle on friends to win it. --Child likes to be first and best.	--Child may develop nervous habits such as nail biting, scratching, and pulling at the ear. --Child may worry about being late to school, winning teacher's approval, and getting homework assignments finished. --Child needs constant reassurance and soft-spoken reminders.
8-9	--Child has ten to eleven permanent teeth. --Child has a growing interest in games that require small muscle coordination,	--Child can tell day of month and the year. --Child can make change for small amounts. --Child begins to be interested in the	--Child has a sense of humor. --Child is alert, friendly, and interested in people. --Child uses some	--Child wants to appear grown-up but doesn't feel that way inside. --Child if often careless, noisy, and will argue.

GROWTH AND DEVELOPMENT CHART

AGE	PHYSICAL	MENTAL	SOCIAL	EMOTIONAL
	such as shooting marbles, catching with one hand. --Child can write (cursive). --Child can swim, if taught. --Child can bicycle and roller skate expertly if given the opportunity to learn and practice. --Child can bathe self.	past, Indian history, etc. --Child likes fairy tales and stories about people in other countries. --Child begins to read comics. --Child likes to watch television. --Child likes to collect things.	manners, particularly while away from home. --Child recognizes the property rights of others. --Child likes adult leadership in group games. --Child is becoming selective in the choice of friends and enjoys having a "best friend."	--Child is more dependent on the mother. --Child begins new tasks with enthusiasm.
9-10	--There is a slow growth in child's height. --Child uses tools increasingly well. --Child is interested in a great variety of play activities. --Child has good eye-hand coordination. --Child likes to box, wrestle, roller skate, play jacks, and jump rope.	--Child can grasp easy multiplication and division. --Child begins to use the library. --Child has a longer attention span. --Child is interested less in fairy tales and fantasy. He/she likes stories about people, adventure, and travel. --Child can spend many hours on puzzles, collections, hand	--Antagonism between the sexes is noticeable. --Child begins to be interested in a club or group. --Child has secrets. --Child is more interested in friends that are a year or two older. --Child argues over fairness in games.	--Child has a strong sense of right and wrong. --Child wants to do things "just right." --Child is loyal to country and proud of it. --Child is responsible, dependable, and reasonable. --Child may develop nervous mannerisms such as twitches, blinking of eyes, sniffles, or

GROWTH AND DEVELOPMENT CHART

AGE	PHYSICAL	MENTAL	SOCIAL	EMOTIONAL
		crafts, etc. --Child likes to talk and discuss things.		shrugging of shoulders. —Child may complain of aches and pains when asked to do a task such as sore fingers when told to practice the piano.
10-11	--Child has fourteen to sixteen permanent teeth. --Child likes to do physical skills well. --Boys like more active and rough games.	--Child is learning to plan ahead. --Child likes to gather factual information. --Child begins to understand and use simple fractions. --Child uses numbers beyond 100 with understanding. --Child is able to discuss problems. --Child is interested in other people's ideas. --Child likes to set up rules and bylaws for clubs. --Child likes corny jokes. --Child is puzzled about sex.	—Child has increased interest in organized and competitive games. --Child is friendly. —Child is willing to share his/her possessions. --Child likes occasional privacy. —Clubs, scouting, collecting things, and using strange passwords or mottos are enjoyed by children of this age.	—Child worries less. —Child continues to be concerned about right and wrong.

GROWTH AND DEVELOPMENT CHART

AGE	PHYSICAL	MENTAL	SOCIAL	EMOTIONAL
		--Child likes to read or hear biographies, mysteries, adventures, horse stories.		
11-12	--Menstruation occurs in girls. --Secondary sex characteristics begin to show, such as hair under the arms and in the pubic area, development of breasts in girls, and broadening of shoulders and chest in boys, etc. --Child may be awkward and clumsy due to rapid growth of certain parts of the body, such as the feet getting big.	--Child is critical of own work. --Child can understand human reproduction. --Child knows the importance of personal hygiene. --Child is interested in earning money.	--Membership in clubs and groups is important. --Child enjoys taking part in school and community drives. --Team games are popular.	--Child may be shy. --Child may argue, act rude, or become jealous when at home, but can be very well behaved away from home.
12-13	--Child has twenty-four to twenty-six permanent teeth. --Child has uneven growth of different parts of the body.	--Child can add and subtract decimals. --The ability to reason is increasing. --Child understands abstract ideas like	--Child may become spectator at many games and sports. --Child may crave periods of being alone.	--Child may show self-consciousness when learning to do new physical tasks. --Girls may be

GROWTH AND DEVELOPMENT CHART

AGE	PHYSICAL	MENTAL	SOCIAL	EMOTIONAL
	--Child experiences rapid muscular growth. --Child has a good appetite. --There is a wide range of individual differences in maturity level. --Child needs plenty of rest. --Child enjoys tennis, swimming, horseback riding, etc., if given the opportunity to participate in these sports.	"honesty" and "justice." --Child is aware of a moral code.	--Child is warm and bubbling with enthusiasm. --Hero worship and crushes occur. --Kissing games are popular. --Girls are more aware of boys than boys are girls. --Children of this age like picnics and camping.	self-conscious about their developing figures. --Religious interests may become prominent. --Child may often be rebellious and uncooperative. --Child may be awkward, restless, and lazy as a result of rapid and uneven physical growth.

Student Information

PLAY AND THE SCHOOL-AGE CHILD

During the school-age years, play continues to be an important part of a child's life. Play helps develop both the body and the mind. It brings about understanding of some of the things other people experience. Play may also encourage the school-age child in the following ways:

—To compete.
—To take hard knocks, both physically and emotionally.
--To win or lose gracefully (good sportsmanship).
--To assert oneself.
--To forget oneself.
--To persevere (not to give up).
--To offer sympathy and help when others are sad or hurt.

Guidelines for Parents and Caregivers

School-age children are often restless and tired. In the classroom this occurs because they are made to sit still for fairly long periods of time. Behavior problems sometimes result because children need to work off their high energy. The wise teacher will find an outlet for the children's energies before restlessness and behavior problems have a chance to develop. Also, school-age children are often tired because of long use of the small muscles in writing. Therefore, children of this age group need play activities that will use up their energies and will relax their small muscles.

Parents and caregivers can provide guidance to children as they participate in play activities. But, except for structured group games, adults are usually in the background. This is because children of the middle years are becoming more independent and do not need the close supervision that was necessary during early childhood. The following guidelines are for parents and caregivers of school-age children. The parent or caregiver should:

—Understand the pattern of development of school-age children.
--Provide a good example, such as being a good loser or a gracious winner.
--Help the child to realize that he/she is an important person.
--Be actively involved with the child.
--Maintain a consistent set of rules for discipline and training.
--Encourage the child to solve problems for self.
--Make an effort to understand the child's behavior.
—Develop sensitivity to the feelings and needs of the chid.
—Respect the child.
—Encourage social interactions.
--Remember that nobody is perfect.
—Remember that a child is not an adult.
--Encourage the child to talk about the things that he/she is doing.
--Be a good listener.
—Be careful not to fill the child's life so full of activity (school activities, extracurricular activities, piano lessons, dance lessons, etc.) that he/she is too tired to enjoy life.
—Give the child opportunities to act in a responsible manner so he/she can develop responsible attitudes.

Student Self-Check

PLAY FOR THE SCHOOL-AGE CHILD

Directions: Answer the following questions on a separate sheet of paper. Check your answers against those provided on p. 13.

1. Why are the school-age years sometimes called the forgotten years?

2. List four benefits of play?

3. List four guidelines for planning, organizing, and guiding play activities for school-age children.

4. List two reasons for the importance of companions in a child's life.

5. Who are a child's companions?

Student Information

WORKSHEET FOR PLANNING A PLAY ACTIVITY FOR SCHOOL-AGE CHILDREN

Directions: On a separate sheet of paper, write a plan for a play activity for school-age children. Use the case situation or an actual situation provided by your instructor. Include all of the information suggested below in your plan.

1. Type of activity:
2. Toys, materials, equipment needed:
3. Age(s) of child(ren):
4. Suggested time and location:
5. What is the value of this activity?
6. How will the child(ren) be encouraged to participate?
7. What is the expected behavior of the child(ren) for this activity?
8. What safety precautions will be taken?

Student Self-Check

ANSWERS
PLAY FOR THE SCHOOL-AGE CHILD

1. This is because we do not observe these children as closely as we do younger children who are growing very fast.

2. --Play helps develop both the body and the mind.
   --Play brings about understanding of some of the things other people experience.
   --Play may encourage the school-age child to compete.
   --Play may encourage a child to win or lose gracefully.
   --Play may encourage a child to assert himself/herself.
   --Play may encourage a child to be less self-centered.
   --Play may encourage a child to offer sympathy and help when others are sad or hurt.
   --Play may encourage a child to learn to express himself/herself.

3. The parent or caregiver should:

   --Understand the pattern of development of school-age children.
   --Provide a good example, such as being a good loser or a gracious winner.
   --Help the child to realize that he/she is an important person.
   --Be actively involved with the child.
   --Maintain a consistent set of rules for discipline and training.
   --Encourage the child to solve problems for self.
   --Make an effort to understand the child's behavior.
   --Develop sensitivity to the feelings and needs of the chid.
   --Respect the child.
   --Encourage social interactions.
   --Remember that nobody is perfect.
   --Remember that a child is not an adult.
   --Encourage the child to talk about the things that he/she is doing.
   --Be a good listener.
   --Be careful not to fill the child's life so full of activity (school activities, extracurricular activities, piano lessons, dance lessons, etc.) that he/she is too tired to enjoy life.
   --Give the child opportunities to act in a responsible manner so he/she can develop responsible attitudes.

4. --Companions help develop a child's personality. There are certain things that a child can only learn through involvement with people.
   --Companions help a child do things that he/she could not do alone.
   --Companions help children to overcome loneliness.
   --Companions help a child learn to give and take.
   --Companions help a child develop a sense of belonging.
   --Companions help a child realize what people expect of him/her in regard to behavior.
   --Companions help to broaden a child's life through sharing knowledge and interests.
   --Companions help a child to develop language skills.

5. --Parents
   --Brothers and sisters
   --Relatives
   --Neighborhood children
   --Substitute companions such as imaginary companions, pets

Evaluator's Final Checklist

PLAY AND THE SCHOOL-AGE CHILD

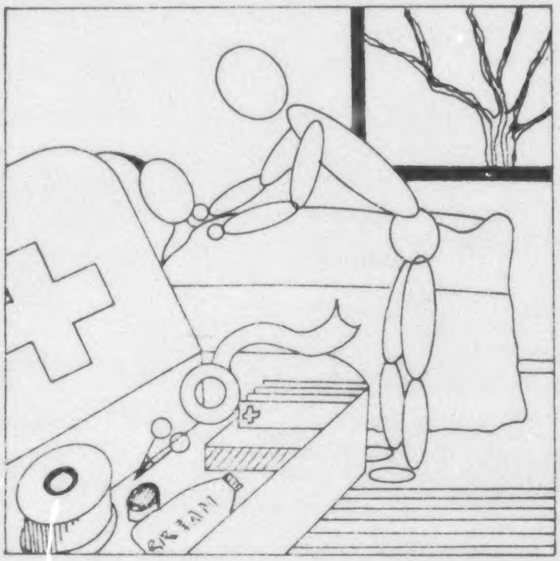
Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

When planning, organizing, and guiding a play activity for the school-age child(ren), the student:	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
a. Selected an activity appropriate for the age and interests of the child(ren)	( )	( )	( )
b. Chose the materials and supplies necessary for carrying out the activity.	( )	( )	( )
c. Determined the benefit(s) the child(ren) would receive from the activity	( )	( )	( )
d. Selected an appropriate time and location for the activity	( )	( )	( )
e. Encouraged the child(ren) to participate in the activity.	( )	( )	( )
f. Guided the child(ren) toward acceptable behavior during the activity	( )	( )	( )
g. Practiced safety precautions that needed to be taken with the activity	( )	( )	( )
h. Practiced positive guidance techniques	( )	( )	( )
i. Guided the clean-up activities, if applicable	( )	( )	( )

Module HD-52

HUMAN DEVELOPMENT

FOREIGN BODIES IN EARS, EYES, NOSE, AND SKIN



INTRODUCTION

The ears, eyes, nose, and skin are four of the five sense organs of the body. When a foreign object becomes lodged in any of these organs, there is discomfort and a chance that the organ might be damaged. In this module you will learn how to administer first aid for foreign bodies in the ears, eyes, nose, and skin.

Before you start to work on this module, be sure you have completed HD-9, "Introduction to First Aid."

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVE

When you finish this module, you will be able to complete a test about removing foreign bodies from the eyes, ears, nose, and skin with 80% accuracy.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, FOREIGN BODIES IN EARS, EYES, NOSE, AND SKIN.

LEARNING ACTIVITIES

1. READ and DISCUSS Student Information, FIRST AID FOR THE EARS, EYES, NOSE, AND SKIN, p. 3,

   (and/or)________________.

2. COMPLETE Student Self-Check, FIRST AID PROCEDURES, p. 7.

3. WORK with your instructor to plan and carry out a related FHA/HERO activity,

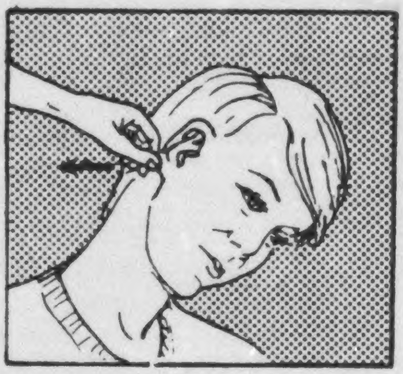
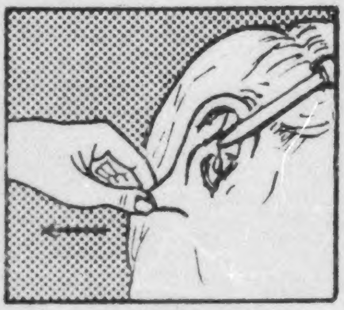
   (and/or)________________.

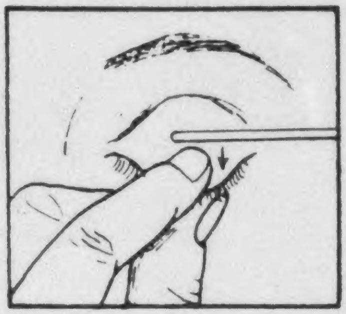
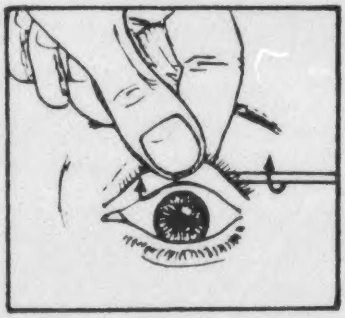
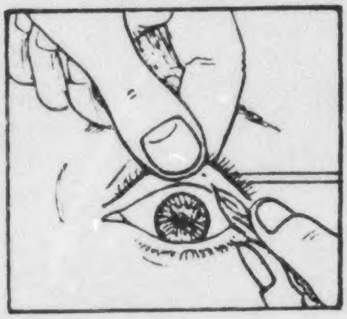
4. ARRANGE with a local doctor, nurse or rescue squad worker to discuss the importance of using the correct procedures when carrying out these activities.

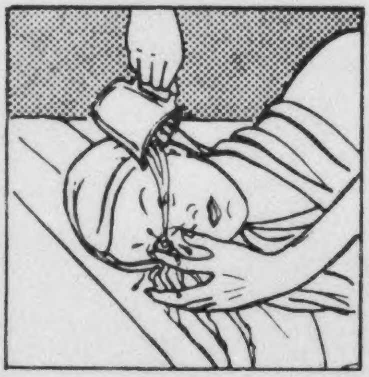
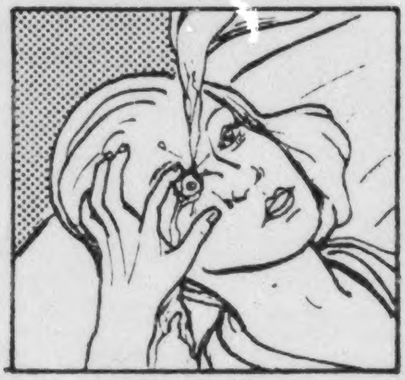
5. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

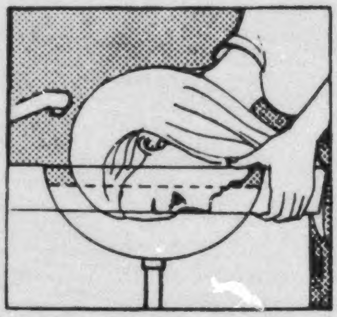
Student Information

FIRST AID FOR THE EARS, EYES, NOSE, AND SKIN

EMERGENCY SITUATION	FIRST AID PROCEDURES
Foreign Body In Ear --An object such as a seed or a bead	1. Do not attempt to remove the object. 2. Seek medical help immediately.
--An insect  	1. Wash your hands. 2. Tilt the victim's head to the side opposite the ear that the insect is in. 3. Pull back the ear lobe a little to straighten the ear canal. 4. Drip a few drops of warm olive oil or baby oil into the obstructed ear canal. 5. Tilt the head to the other side; drain the oil from the ear. 6. Consult a doctor if this procedure does not rid the ear of the insect.
Foreign Body In The Eye --An imbedded object (object which is fixed firmly)	Seek medical help immediately.

EMERGENCY SITUATION	FIRST AID PROCEDURES
--An object on the inner surface of the upper eyelid	
	1. Wash your hands. 2. Grasp the lashes of the upper lid gently. Instruct the victim to look down. 3. Pull the lid forward and down over the lower lid. Tears may dislodge the object. OR 4. If the object is still lodged on the upper lid, place a matchstick against the outer part of the upper eyelid
	5. Turn the eyelid up and over the matchstick. Instruct the patient to look down.
	6. Remove object gently with the corner of a handkerchief.

EMERGENCY SITUATION	FIRST AID PROCEDURES
	7. Flush the eye with clean, cool water.
--An object on the inner surface of the lower eyelid	1. Wash your hands. 2. Pull down the lower lid to see if the object is on the inner surface 3. If it is on the inner surface, lift the object off gently with the corner of a clean handkerchief or paper tissue. NEVER use dry cotton, since it may stick to the moist eye.
--Chemicals in the eye 	1. Have the person lie down; turn his/her head to one side, hold eyelid open, and pour water from the inside corner of the eye outward. Pouring outward avoids getting the chemical in the other eye. 2. Cover the eye with a dry, sterile dressing. Apply a bandage to hold dressing in place. 3. Seek medical help immediately.

EMERGENCY SITUATION	FIRST AID PROCEDURES
	If it is your eye, and you are by yourself: 1. Fill a bowl or sink with water. 2. Put your face in the water. 3. Open and close your eye. 4. Change the water and repeat the procedure several times. Continue this process for 15 minutes. 5. Seek medical help immediately.
--An object remains in the eye or has damaged the eye	1. Cover the injured eye or both eyes with a dry, protective dressing. 2. Seek medical help immediately.
Foreign Body In The Nose	1. A foreign body in the nose can usually be removed by sneezing. To induce sneezing, tickle the opposite nostril or have the victim sniff a small amount of pepper. If the object is not expelled, consult a doctor. 2. Do not attempt to hook out foreign objects in the nose with a hair pin or similar tool. Doing so could damage the tissue inside the nose or may push the object further into the nostril.
Foreign Body In The Skin --Splinter	1. If the splinter is on the surface of the skin, grasp the splinter with sterilized tweezers and lift it out of the skin. NOTE: Sterilize the tweezers over a flame or in boiling water. OR If the splinter is beneath the skin, use a sterilized needle to lift the splinter out of the skin. OR If it is imbedded, consult a doctor. 2. Wash the skin surface with soap and water. 3. Apply an antiseptic, e.g., rubbing alcohol.

Student Self-Check

FIRST AID PROCEDURES

Directions: On a separate sheet of paper answer the following questions. Check your answers against those provided on p. 8.

1. How can the ear canal be straightened when putting drops of oil into the ear?
2. Name two types of foreign bodies that may get in the ear. Which type should you not attempt to remove?
3. What should be done when an object remains in the eye, is embedded, or has damaged the eye?
4. When flushing a chemical from the eye what procedure should be followed in order to avoid getting the chemical in the other eye?
5. Why should you avoid removing an object from the nose with a hairpin or a similar tool?
6. What tool is used to remove a splinter that is beneath the skin?

Student Self-Check

ANSWERS
FIRST AID PROCEDURES

1. Pull back the ear lobe.
2. a. A bead or a seed
   An insect
   b. Do not attempt to remove a seed or a bead, etc.
3. Cover the injured eye or both eyes with a dry, protective dressing. Seek medical help immediately.
4. Pour the water from the inside corner of the eye outward.
5. Damage to the tissues inside the nose. May push the object further into the nostril.
6. A needle that has been sterilized.

Evaluator's Final Checklist

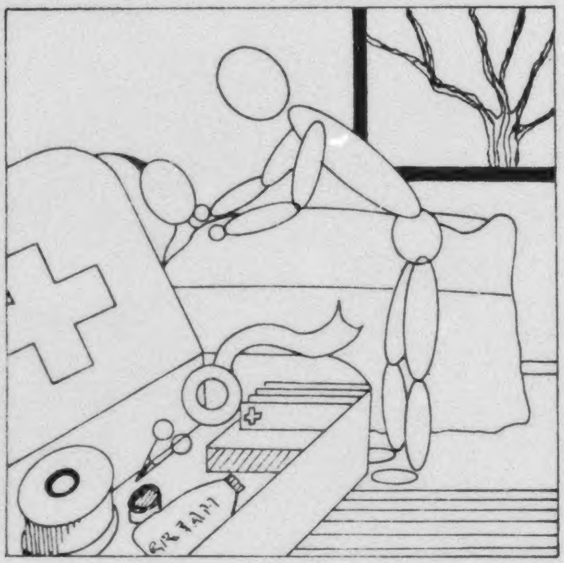
FOREIGN BODIES IN EARS, EYES, NOSE, AND SKIN

Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
The student completed the Check-Out Activity Sheet with 80% accuracy	( )	( )	( )

HUMAN DEVELOPMENT

ADMINISTERING FIRST AID FOR POISONING



INTRODUCTION

Poisoning by mouth includes poisoning by harmful substances, such as common household cleaners, medicines, poisonous parts of plants, and food poisoning. Many people suffer from poisoning by mouth each year. Most victims are small children who have not been protected from common household items that are poisonous. Nearly all accidental poisonings could have been prevented if the poisonous items had been stored out of reach of children or in a locked cabinet. In this module you will learn how to recognize potential poisons commonly found in the home and how to administer first aid treatment for poisoning by mouth.

Before you start to work on this module, be sure you have completed HD-12, "Major Emergencies Relating To Accidents."

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVE

When you finish this module, you will be able to administer first aid treatment to a person who has swallowed a poison or contaminated food.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, ADMINISTERING FIRST AID FOR POISONING.

LEARNING ACTIVITIES

1. STUDY Student Information, GLOSSARY OF TERMS RELATING TO POISONING, p. 3,

   (and/or)________________.

2. READ and STUDY Student Information, POISONING BY HARMFUL SUBSTANCES, p. 3,

   (and/or)________________.

3. READ about common poisonous plants and trees from which human beings should not eat in a reference provided by your instructorr,

   (and/or)________________.

4. MAKE a list of poisonous substances under each of the following headings: Acid or Acid-like Corrosives, Alkaline Corrosives, Petroleum Products, Plants with Poisonous Parts, and Other Poisons,

   (and/or)________________.

5. In small groups or working as partners, DISCUSS first aid for poisoning by mouth based on situations provided by your instructor. REPORT conclusions to the whole class,

   (and/or)________________.

6. COMPLETE Student Self-Check, POISONS, p. 5.

7. READ and STUDY Student Information, FOOD POISONING, p. 5,

   (and/or)________________.

8. In small groups or working as partners, DISCUSS first aid for food poisoning,

   (and/or)________________.

9. COMPLETE Student Self-Check, FOOD POISONING, p. 7.

10. READ Student Information, POISON SAFETY MEASURES, p. 8,

    (and/or)________________.

11. WORK with your instructor to plan and carry out a related FHA/HERO activity,

    (and/or)________________.

12. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

Student Information

GLOSSARY OF TERMS RELATING TO POISONING

The terms listed below will be used in this module. You may also see these terms on labels of poisonous materials. You should know what they mean. Read and study each term and its definition and/or description. As you work on other Learning Activities in this module, you may need to refer to this glossary.

Antidote - something that is given to keep the poison from being absorbed in the stomach. Common household antidotes are milk, egg whites, strong tea, coffee, starch, burnt toast, or milk of magnesia. A commercial preparation called the "Universal Antidote" can be purchased and kept on hand for poisoning accidents. The antidote for most poisons is on the label of the poison.

Caustic or Corrosive Poison - a poison that burns the tissues of the skin, mouth, throat, and digestive tract. When a person swallows an acid or alkaline poison, there are burning (corrosive) effects on the lining of the digestive tract. Making a person vomit would only cause the lining to be burned again, so vomiting should not be induced.

Dilute - to reduce or weaken. Water, milk, tea, or coffee, given in large quantities, are used to weaken (dilute) the poison and reduce the damage.

Emetic - something used to cause vomiting. Syrup of Ipecac is an emetic that can be purchased at the drug store and stored in the medicine cabinet for poisoning emergencies. One tablespoon of prepared mustard in a glass of warm water or two tablespoons of salt in a glass of warm water are common household emetics. A mixture of milk of magnesia and water is also used to cause vomiting.

Induce - to cause to or to make. When a poison is noncorrosive (doesn't burn), the poisoning victim is made to vomit. That is to say, vomiting is induced. Inducing vomiting helps the person to get the poison out of his/her stomach so that it isn't absorbed into the bloodstream. Vomiting can be induced by stimulating the back of the throat with a finger (causing gagging) or by giving an emetic.

Student Information

POISONING BY HARMFUL SUBSTANCES

The American Red Cross defines a poison as being any substance that tends to impair health or cause death when introduced into the body or onto the skin surface. In this Student Information you will learn about poisoning by mouth due to harmful substances being taken into the body.

Poisoning accidents often happen due to incorrect use, storage, and/or disposal of household products and medicines. They also often happen because children imitate adults taking medicine or are curious about how things feel and taste. Sometimes a person will take a poison as a means of suicide. Carelessness, stress situations, and a lack of attention are the main reasons for poisoning.

When poisoning occurs, one or several of the following symptoms may be present:

1. The victim tells you that he/she has taken a poison.
2. The victim is holding the container.
3. Burns are present around the lips indicating a corrosive substance.
4. There is an unusual odor on the victim's breath.
5. The pupils of the victim's eyes are contracted (small).

6. The victim shows signs of pain and illness.
7. The victim is convulsing.
8. The victim is unconscious or is confused.
9. Evidence of eating plant leaves or berries can be seen in the victim's mouth.
10. The victim complains of pain or a burning sensation in the throat.

Many common household products can be the cause of poisoning by mouth. Or, medicines taken in excess of the prescribed dosage can poison. Common poisons fall under the following categories:

--acid or acid-like corrosives
--alkaline corrosives
--petroleum products
--drugs and medicines
--insecticides and pesticides
--plants with poisonous parts

First Aid for Poisoning

When a person has drunk a poisonous substance, the following steps of first aid treatment must be followed immediately:

1. Do not panic.
2. Confirm that the victim has been poisoned.
3. Have someone to call the poison control center, a doctor, or the emergency medical service immediately, while you administer first aid treatment.
4. Dilute the poison, if it is not a strong alkali. (In Learning Activity 4, you will learn which poisons are alkali.) If the victim is conscious, but not convulsing, have him/her drink a glass of water, milk, coffee, or tea, whichever is quickly available.
   NOTE: Diluting a strong alkali may cause the person to vomit. Vomiting a strong alkali should be avoided since it causes more tissue damage.
5. Save the poison container or the poisonous plant. If the person vomits, save the vomited materials. These should be taken to the hospital or medical facility if the need arises.
6. If the victim stops breathing, administer mouth-to-mouth resuscitation.
7. If the victim has no pulse, have a trained person administer cardiopulmonary resuscitation.
8. If the victim becomes unconscious, keep his/her airway open (free of vomited material or anything that prevents breathing).
9. Induce vomiting by giving an emetic only if the poison control center, doctor, or the emergency medical service advises it. However, if you are not able to reach medical help, induce vomiting if, and only if:
   --the person is conscious and not convulsing.
   --the person has taken an overdose of drugs or medications.
   --it is certain that the person did not swallow a strong acid, a strong alkali, or petroleum product.
   NOTE: Burns around the victim's mouth and/or an odor of kerosene or gasoline indicate that one of these corrosive substances has been taken.
10. Follow the instructions of the poison control center, doctor, or emergency medical facility for administering first aid treatment.

Poison Control Center

Poison control centers are located throughout the United States. Their purposes are:

- --to collect and give out information about household products that are poisonous.
- --to give instructions for emergency first aid treatment for a poisoning when someone calls in.

The nearest poison control center telephone number can be obtained by calling the directory assistance. The PCC telephone number should be kept posted on or near the telephone with other emergency telephone numbers.

When calling the poison control center for emergency instructions, be prepared to provide the following information:

- --the name of the suspected poison
- --the manufacturer of that product
- --the ingredients, if listed on the container
- --approximately when the poison was taken
- --approximately how much of the poison was taken
- --the age and size of the victim
- --the symptoms that the victim is having or was having when found
- --what you are doing or have done so far for the victim

Most poison control centers agree that the majority of poisonings can be treated at home with no need to take the victim to the hospital. Only a small percentage of poisonings need hospital treatment. There is no need to panic if you call the center with the above information and do what the person in the center instructs you to do.

Student Self-Check

POISONS

Directions: On a separate sheet of paper, answer the following questions. Check your answers with ones the provided on p. 9.

1. Any substance that tends to impair health or to cause death when introduced into the body is a _____.
2. A substance that is given to keep the poison from being absorbed in the stomach is an _____.
3. A corrosive poison _____ the skin and lining of the mouth and digestive tract.
4. Water, milk, coffee, or tea are given in quantity to the poisoning victim to _____ or weaken the poison.
5. A substance given to cause vomiting is an _____.
6. Vomiting can be induced by _____ and by giving an _____.
7. The main reasons that accidental poisonings occur are _____, _____, and _____.
8. Information about first aid treatment for accidental poisoning can be obtained from a _____, a _____, or a _____.

Student Information

FOOD POISONING

Foods contaminated by bacteria can cause serious illness and possibly even death if eaten. This is referred to as food poisoning. The following are the most common causes of food poisoning:

--improperly cooked and/or stored foods
--foods exposed to household pests
--foods prepared by a person who is a carrier of the bacteria but does not show the symptoms
--foods served in unclean containers
--foods that have been left out of the refrigerator for several hours without a covering

The above causes offer conditions for the growth and multiplication of bacteria. Many bacteria can contaminate food. However, three specific types of bacteria cause serious illness:
--Staphlococcus
--Salmonella
--Clostridium botulinum

Staphylococcal Food Poisoning

This is the most common type of food poisoning. When certain foods are stored at warm temperatures, the staphyloccus bacteria multiply and secrete a poisonous toxin. This toxin cannot be destroyed by heating or cooking. The following types of foods should be stored in the refrigerator:
--all kinds of meats (particularly cold cuts and hamburger)
--dairy products
--cream or custard pies

The following symptoms of staphylococcal food poisoning appear a few hours after eating:
--nausea
--vomiting
--abdominal pain
--diarrhea

Salmonella Food Poisoning

The salmonella bacteria become a source of food poisoning for humans when they infect foods such as the following:
--poultry products, e.g., chickens, ducks, turkey, and eggs
--meats (cold cuts, frankfurters)
--fish
--dairy products (especially soft cheese)
--many vegetables

These foods can be contaminated in a number of ways:
--the handling of the food by a carrier of the bacteria
--the droppings of rats or mice
--a contaminated animal (in the case of meat)

The symptoms of the disease occur after the salmonella bacteria reach the intestinal tract of an individual and rest and grow there for approximately eight hours. These symptoms include the following:
--nausea
--abdominal cramps
--severe, watery diarrhea
--chills
--fever

Botulism

This type of food poisoning can cause death. The bacteria can be found in the following:
--contaminated meat
--contaminated fish
--improperly canned vegetables, especially string beans and other low acid foods

The botulinus bacteria secrete a poison that can be destroyed by heat. Canned vegetables in which the bacteria could be present should be boiled for 20 minutes before serving to destroy the bacteria. Also, in home canning temperatures should be high enough and maintained over a long enough period of time to make the food safe. Cold canning methods are unsafe.

The symptoms of botulism occur after about two days and include the following:
--some nausea
--dimness of vision followed by double vision and drooping eyelids
--difficulty in talking and swallowing
--hoarseness
--shortness of breath
--falling blood pressure
--paralysis of the throat muscles, causing choking

Medical aid is urgent. Death is due to strangulation or heart failure and usually occurs in three to nine days after eating the contaminated food.

First Aid Treatment for Staphylococcal and Salmonella Food Poisoning

1. Put the victim to bed and keep her/him warm.
2. After the nausea and vomiting subside, give large quantities of lukewarm water or liquids.
3. Do not give laxatives or anything by mouth as long as there is nausea and vomiting.
4. Call the doctor if there is severe abdominal pain or distress, or if the abdomen is hard and rigid, or if chills or fever occur.

First Aid Treatment for Botulinus Food Poisoning

Seek medical treatment immediately. This type of food poisoning can be fatal.

Student Self-Check

FOOD POISONING

Directions: On a separate sheet of paper answer the following questions. Check your answers against the ones provided on p. 9.

1. List four common causes of food poisoning.
2. The most common type of food poisoning is _____ food poisoning.
3. The food poisoning that can cause death in many cases is _____.
4. Staphylococcal bacteria (can, cannot) be destroyed by heating or cooking.
5. When do the symptoms of staphylococcal food poisoning usually begin?
6. Salmonella food poisoning symptoms begin approximately _____ hours after the bacteria gets into the intestines.
7. Name four symptoms of salmonella food poisoning.
8. Name two sources of botulism.
9. The botulism bacteria (can, cannot) be destroyed by heat.
10. List four symptoms of botulism.

Student Information

POISON SAFETY MEASURES

All Drugs, Poisonous Substances, and Household Chemicals

1. Keep all drugs, home remedies, and poisonous household chemicals locked up, if possible, or out of the reach of children.
2. Throw away old and/or unused prescriptions.
3. Read the label on all medicines and cleaning products before using.
4. Use accurate measuring tools when giving medicines.
5. Do not measure or take medicines in the dark.
6. Teach children that medicines must sometimes be taken. Stress that children must take medicine only under adult supervision. Never tell a child that a pill is candy or tastes like candy.
7. Buy drugs and poisonous products with child-resistant packaging, if available.
8. Close containers tightly after use.
9. Never put a medicine or poisonous substance in a soft drink bottle or other food container.
10. If you receive a telephone call or if the doorbell rings while you are using a poisonous product, take it with you so that your young child can not get into it.
11. Never store poisonous substances in food storage areas.
12. Do not leave a child alone when poisonous substances are within his/her reach.
13. Teach children to refrain from putting plants and leaves in their mouths. Learn to identify poisonous plants, and keep small children away from such plants.
14. If poisons must be stored, label them so that they can be easily identified.
15. Keep emergency telephone numbers and information readily available.

Food Poisoning

1. Eat foods soon after preparation.
2. Refrigerate foods. Do not let foods stand at room temperature for several hours.
3. If on a picnic, use a portable ice chest to keep foods cold.
4. Do not use canned products when the can is bulging or rusty.
5. Avoid using meats that have a foul odor or feel slimy.
6. Avoid using bread and cereal products that are molded.
7. Always wash your hands and use sanitary procedures when handling food.
8. Use proper techniques when home canning fruits and vegetables.

Student Self-Check

ANSWERS
POISONS

1. Poison
2. Antidote
3. Burns
4. Dilute
5. Emetic

6. --Stimulating the back of the throat with a finger (gagging)
   --Giving an emetic

7. --Carelessness
   --Stress situations
   --A lack of attention

8. --Poison control center
   --Doctor
   --Emergency medical services
   --Hospital

Student Self-Check

ANSWERS
FOOD POISONING

1. --Improperly cooked foods
   --Poorly stored foods
   --Foods exposed to household pests
   --Foods prepared by a carrier of the bacteria
   --Foods served in unclean containers
   --Foods that have been left out of the refrigerator for several hours

2. Staphylococcal
3. Botulism
4. Cannot
5. A few hours after eating
6. Eight

7. --Nausea
   --Abdominal cramps
   --Severe, watery diarrhea
   --Chills may occur
   --Fever

8. --Contaminated meat
   --Contaminated fish
   --Improperly washed and canned vegetables, especially string beans

9. Can

10. --Some nausea
    --Dimness of vision
    --Drooping eyelids
    --Difficulty in talking
    --Difficulty in swallowing
    --Hoarseness
    --Shortness of breath
    --Falling blood pressure
    --Paralysis of the throat muscles causing choking

Evaluator's Final Checklist

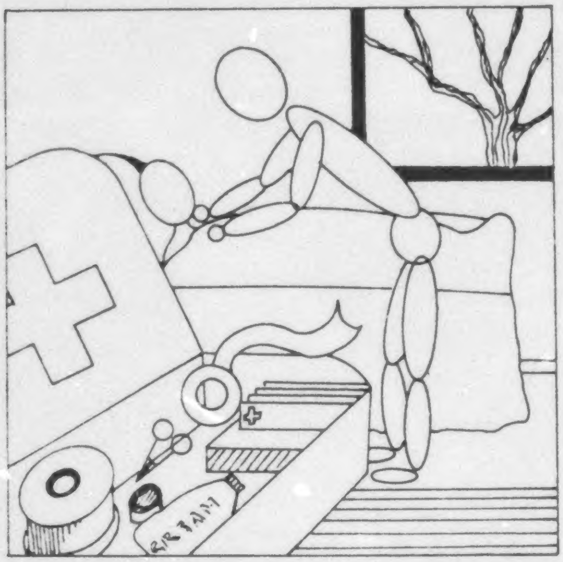
ADMINISTERING FIRST AID FOR POISONING

Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
(1) The student explained or listed the steps of first aid treatment for a case situation in which a person has swallowed a poison	( )	( )	( )
(2) The student explained or listed the steps of first aid treatment for a case situation in which a person has been poisoned by contaminated food	( )	( )	( )

HUMAN DEVELOPMENT

MEASURING THE BODY'S VITAL SIGNS



INTRODUCTION

Vital signs are a good indicator of a person's physical condition. These include temperature, pulse, respiration, and blood pressure. If a person shows signs of illness, it is important to get accurate measures of her/his vital signs. These measures should be recorded and reported to the doctor as necessary. In this module you will learn how to measure the vital signs.

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVES

When you finish this module, you will be able to take a person's temperature, pulse, and respiration count.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, MEASURING THE BODY'S VITAL SIGNS.

LEARNING ACTIVITIES

1. READ Student Information, MEASURING TEMPERATURE, pp. 3-6,

   (and/or)_______________.

2. PRACTICE taking both oral and armpit temperature on a classmate. ASK a classmate or your instructor to check the temperature you read,

   (and/or)_______________.

3. SIMULATE and/or EXPLAIN the correct insertion of the rectal thermometer,

   (and/or)_______________.

4. READ Student Information, MEASURING PULSE AND RESPIRATION, pp. 6-7,

   (and/or)_______________.

5. PRACTICE taking both pulse and respiration on a classmate. ASK a classmate or your instructor to compare their reading with yours. TAKE pulse and respiration over again if the readings are different,

   (and/or)_______________.

6. READ Student Information, BLOOD PRESSURE, p. 7,

   (and/or)_______________.

7. COMPLETE Student Self-Check, THE VITAL SIGNS, pp. 7-8.

8. WORK with your instructor to plan and carry out a related FHA/HERO activity,

   (and/or)_______________.

9. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

Student Information

MEASURING TEMPERATURE

Facts About Body Temperature

There are two main ways the body produces heat. These are physical activity and the burning of food. Body heat is lost through the skin, the lungs, and body wastes. The body temperature is normal when there is a balance between the amount of heat produced and the amount of heat lost.

There are three methods for taking body temperature:
--oral
--rectal
--armpit

The normal range for the oral temperature is 36°C to 37°C (97°F to 99°F). The average oral temperature is 37°C (98.6°F). The average rectal temperature is one degree higher than the oral temperature. The average armpit is one degree lower than the oral temperature.

Taking the temperature by mouth is the most convenient and most frequently used method. The rectal temperature is the most accurate. The rectal method is used when an oral temperature is not advisable, such as in the case of infants and small children. The armpit method is used when neither oral nor rectal temperatures can be taken.

Fever is a temperature above the normal range. Fever ranges from low grade at 37.5°C (100°F) to high fever at 39°C to 40.5°C (103°F to 105°F) or over.

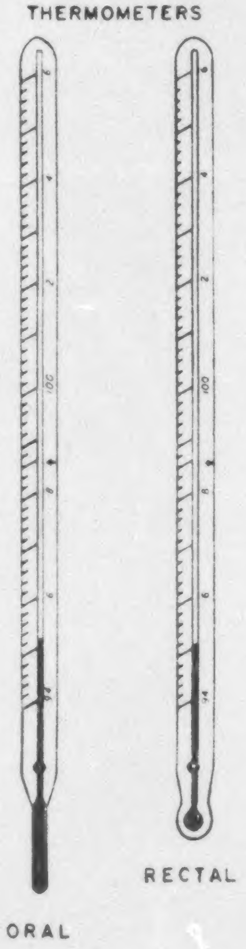
Other symptoms often accompany fever. These may include the following:
--skin flushed and hot to the touch
--chills
--pain
--vomiting and/or diarrhea
--stiff neck
--headache
--sore throat

When a person has a prolonged or extremely high fever, a doctor should be consulted.

Thermometers

Body temperature is measured with a thermometer--a glass tube containing mercury. There are two types of thermometers: oral and rectal.

--The oral thermometer has a long, slender mercury bulb. It is used for taking oral and armpit temperatures.

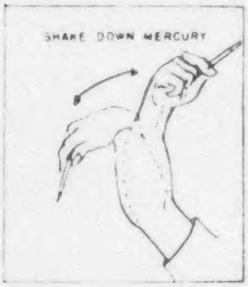


--The rectal thermometer has a short, stubby mercury bulb. It is placed in the anal canal to measure the rectal temperature. The rectal thermometer is called the universal thermometer because it can be used for taking oral and armpit temperatures as well as the rectal temperature. However, if it has been used to take a rectal temperature, NEVER use it to measure oral temperature.

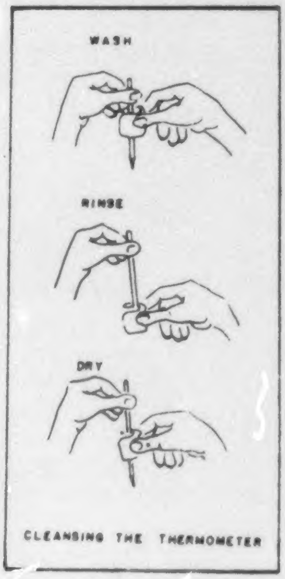
Taking Oral Temperature

The oral temperature should not be taken immediately after the person has been smoking, or after he/she has been eating or drinking hot or cold liquids. The procedure for taking the oral temperature is as follows:

1. Assemble the equipment needed:
    a. Oral thermometer
    b. Tissues or cotton balls
    c. Cool water
    d. Soap
2. Wash your hands.
3. Shake down the mercury, if necessary.
    a. Stand away from furniture and walls to avoid striking the thermometer against anything.
    b. Hold the tip end of the thermometer firmly between the thumb and the first two fingers.
    c. Shake with a loose wrist action until the mercury is down to 35.6°C (96°F).


SHAKE DOWN MERCURY

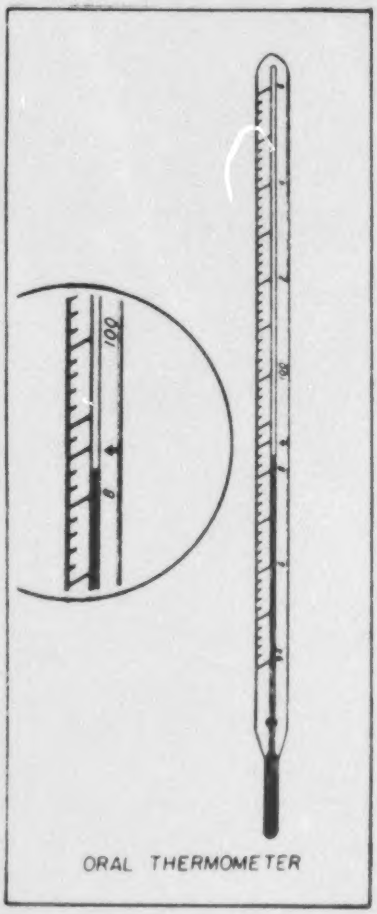
4. Clean the thermometer.
    a. Moisten a tissue or a cotton ball with cool water and soap.
    b. Hold the thermometer by the tip.
    c. Beginning at the tip, wipe down the thermometer and around the bulb.
    d. Moisten another tissue or cotton ball with cool water; rinse the thermometer using the same procedure.
    e. Soap and rinse again.
    f. Dry with a clean tissue or cotton ball using the same procedures as that used to soap and rinse.



CLEANSING THE THERMOMETER

5. Place the mercury tip of the thermometer under the person's tongue and a little to the side. Instruct the person to close lips.
6. Keep the thermometer in place for five to seven minutes.
7. Remove it and wipe off the saliva with a tissue or cotton ball.

8. Read the temperature.
   a. Pick up the thermometer by the tip end not the bulb end. Hold it horizontally.
   b. Hold the marked side toward you in order to see the mercury on the ridge between the numbers.
   c. Turn the thermometer very slowly until you can see where the mercury stops.
   d. Read the number. Record the temperature.



ORAL THERMOMETER

9. Shake the mercury down.

10. Clean the thermometer thoroughly.

11. Store it in its container and place it in a cool, dry area.

12. Wash your hands.

Taking Rectal Temperature

If the person has had an enema, wait for about an hour before taking the rectal temperature. To take the rectal temperature, use the following procedures:

1. Assemble the necessary equipment:
   a. Rectal thermometer
   b. Tissues or cotton balls
   c. Cool water
   d. Soap
   e. Petroleum jelly

2. Wash your hands.

3. Shake down the mercury, if necessary.

4. Clean the thermometer.

5. Turn an adult on his/her side; turn an infant or small child on his/her abdomen. (It may be easier to hold the infant on your lap.)

6. Lubricate the bulb end of the thermometer using a cotton ball or tissue dipped in petroleum jelly.

7. Gently slip the bulb end into the rectum about 2.54cm (1 in.).

8. Hold the thermometer in place for two to four minutes. (You may need to hold the person to prevent movement.)

9. Remove the thermometer. Wipe it, read it, and record the temperature.

10. Shake mercury down.

11. Clean the thermometer thoroughly.

12. Store it in its appropriate place.

13. Wash your hands.

Taking Armpit Temperature

1. Assemble the equipment needed:
    a. Oral or rectal thermometer
    b. Tissues or cotton balls
    c. Cool water
    d. Soap
    e. Dry washcloth
2. Wash your hands.
3. Shake down the mercury, if necessary.
4. Clean the thermometer.
5. Pat the underarm dry with a soft, dry washcloth.
6. Place the thermometer bulb in the center of the armpit with the opposite end slanted toward the chest.
7. Bring the arm close to the body.
8. Leave the thermometer in place for ten minutes.
9. Remove the thermometer. Wipe it, read it, and record the temperature.
10. Shake the mercury down.
11. Clean the thermometer thoroughly.
12. Store it in its appropriate place.
13. Wash your hands.

Student Information

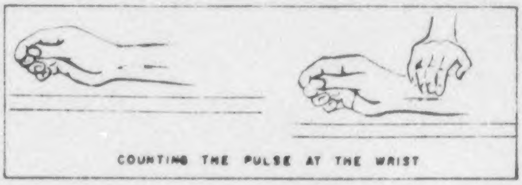
MEASURING PULSE AND RESPIRATION

Measuring Pulse

A pulse can be felt on places of the body where an artery is near the surface. For example, you may feel a pulse on the temples, on the inside of the wrists, on the thumbs, and on the sides of the Adam's apple.

Normal pulse rate for an adult while resting is 70-90 beats per minute. The normal pulse rate for a baby or a very small child at rest is somewhat faster--100 to 130 beats per minute. To measure the pulse, complete the following steps:

1. Obtain a watch or clock with a second hand.
2. Have the person place his/her arm in a comfortable postion supported by a chair arm, table, or bed.
3. Place the tips of three fingers on the artery on the inside of the wrist just below the thumb; locate the pulse. (Pulse can be measured at other pressure points.)
4. Press the fingers firmly enough to feel the pulse.
5. Count the pulse beats for one half minute, and multiply the number by two to figure the rate per minute.



COUNTING THE PULSE AT THE WRIST

6. Record the pulse rate.

Measuring Respiration

Respiration is the act of breathing. Each respiration involves two steps--inhaling air and exhaling air. The respiration rate is 14 to 20 times per minute for normal healthy adults. To measure respiration, complete the following steps:

1. Place the fingers on the wrist so that the person will not realize that you are counting his/her respiration. (Normal breathing rate is hard to maintain if the person thinks about it or is aware that the respiration rate is being counted.)

2. Count the respirations for one-half minute. (A respiration is counted each time the person breathes in--when the chest rises.)

3. Multiply the number counted by two to figure the respiration rate per minute.

4. Record the pulse rate.

Factors Influencing Pulse and Respiration Rates

Many factors may influence pulse and respiration rates. Your doctor may ask about some of these if you are reporting pulse and respiration measurements over the telephone:
--temperature change
--illness
--age
--body conditions, e.g., hardened arteries
--physical activities
--emotions

Student Information

BLOOD PRESSURE

Blood pressure is the pressure or force that is exerted against the walls of the arteries when the heart pumps blood. There are two parts of the blood pressure: systolic pressure and diastolic pressure. Systolic pressure is the contracting pressure, or when the heart pumps blood through the arteries to the other parts of the body. Diastolic pressure, the rest pressure, is when the heart relaxes and fills with blood.

Blood pressure is measured by a tool called a sphygmomanometer (sfig-MO-man-OM-et-er), which can be referred to as the blood pressure cuff. This tool has a gauge that measures the blood pressure in units of millimeters.

--The normal systolic pressure range is between 110mm and 140mm units.
--The normal diastolic pressure ranges between 70mm and 90mm units.

When the blood pressure is measured, the systolic measure is written over the diastolic pressure.
Example: If your systolic pressure is 110 units and your diastolic pressure is 70 units, your blood pressure would be described as "110 over 70." This count is written like a fraction, for example,

$$\frac{110}{70}$$

There are several factors that may influence a person's blood pressure. These may include the following:
--age
--sex
--excessive weight
--body conditions, e.g., heart and kidney disease, anemia
--shock and hemorrhage
--emotional state

Persons who need to learn how to take blood pressure can contact the local Red Cross chapter or local health department for instructions. Or, check with your instructor about learning to take blood pressure as part of this study.

Student Self-Check

THE VITAL SIGNS

Directions: Using a separate sheet of paper, number the paper from 1-9. Match the terms and phrases with the descriptions by writing the letter of the DESCRIPTIONS beside the number of the TERMS OR PHRASES. Check your answers against those provided on p. 9.

TERMS OR PHRASES

1. Normal body temperature
2. Thermometer
3. Blood pressure
4. Respiration
5. Diastolic pressure
6. Fever
7. Pulse
8. Average oral (mouth) temperature
9. Systolic pressure

DESCRIPTIONS

a. Temperature above the normal range

b. 37°C (98.6°F)

c. A glass tube filled with mercury, with a bulb at one end

d. Can be felt on places of the body where an artery is near the surface

e. The process of inhaling and exhaling air

f. When there is a balance between the amount of heat produced and the amount of heat lost in the body

g. The force exerted against the walls of the blood vessels when the heart pumps blood

h. The contracting pressure, or when the heart pumps blood through the arteries to the other parts of the body.

i. The rest pressure, or when the heart relaxes and fills with blood.

Student Self-Check

ANSWERS
THE VITAL SIGNS

1. f
2. c
3. g
4. e
5. i
6. a
7. d
8. b
9. h

Evaluator's Final Checklist

MEASURING THE BODY'S VITAL SIGNS

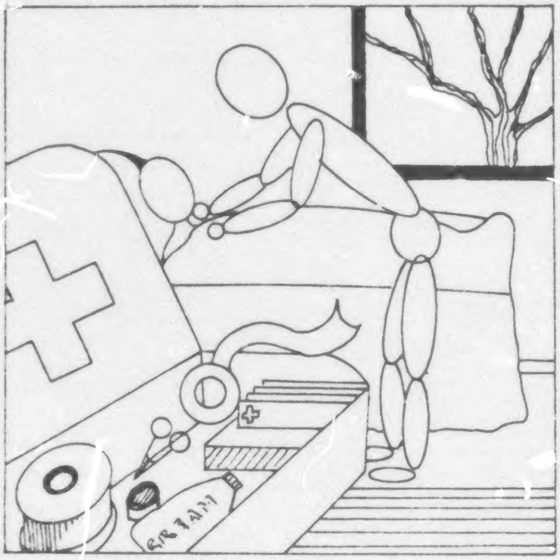
Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
(1) In measuring the oral temperature, the student:			
a. Used the correct thermometer	( )	( )	( )
b. Used sanitary techniques for cleaning hands and thermometer	( )	( )	( )
c. Shook down the mercury of the thermometer	( )	( )	( )
d. Correctly positioned the thermometer in the person's mouth for 5-7 minutes	( )	( )	( )
e. Read the temperature to the nearest 2/10 of a degree, C or F	( )	( )	( )
f. Recorded the temperature	( )	( )	( )
g. Cleaned and stored thermometer appropriately	( )	( )	( )
(2) In measuring the armpit temperature, the student:	( )	( )	( )
a. Used sanitary techniques for cleaning hands and thermometer.	( )	( )	( )
b. Shook down the mercury of the thermometer.	( )	( )	( )
c. Correctly positioned the thermometer for 10 minutes . . .	( )	( )	( )
d. Read the temperature to the nearest 2/10 of a degree, C or F.	( )	( )	( )
e. Recorded the temperature	( )	( )	( )
f. Cleaned and stored thermometer appropriately	( )	( )	( )

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
(3) In explaining and demonstrating the procedure for taking rectal temperature, the student:			
a. Chose the correct thermometer	( )	( )	( )
b. Used sanitary techniques for cleaning the thermometer	( )	( )	( )
c. Shook down the mercury of the thermometer	( )	( )	( )
d. Simulated positioning the thermometer 2.54cm (1 inch) into the rectum (or explained how to position the thermometer)	( )	( )	( )
e. Cleaned and stored thermometer appropriately.	( )	( )	( )
(4) In measuring the pulse and respiration, the student:			
a. Placed fingers correctly on the pulse	( )	( )	( )
b. Counted the pulse within ±4 counts of that found by instructor.	( )	( )	( )
c. Recorded the pulse.	( )	( )	( )
d. Kept fingers in place after counting the pulse and counted the person's respirations within ±2 counts of the count found by the instructor	( )	( )	( )
e. Recorded the respiration.	( )	( )	( )

HUMAN DEVELOPMENT

HANDLING MAJOR EMERGENCIES RELATED TO ILLNESS



INTRODUCTION

There may be times when you will be faced with a major emergency related to the illness of a family member or friend. It is important that you know how to help the stricken person. You may, in fact, save a life. In this module you will learn how to administer first aid for fainting, heart attack, seizures, insulin reactions, and diabetic coma.

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVES

When you finish this module, you will be able to simulate first aid treatment for a person who has fainted, is having a heart attack, is having a seizure, is having an insulin reaction, or is in a diabetic coma.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, HANDLING MAJOR EMERGENCIES RELATED TO ILLNESSES.

LEARNING ACTIVITIES

1. RESEARCH the questions on Student Information, SUDDEN ILLNESS, p. 3. USE a reference provided by your instructor,

   (and/or)_______________.

564

2. SIMULATE first aid for fainting, heart attack, and seizures,

   (and/or)________________.

3. READ Student Information, DIABETES EMERGENCIES, pp. 3-4,

   (and/or)________________.

4. COMPLETE Student Self-Check, MAJOR EMERGENCIES RELATED TO ILLNESSES, p. 4.

5. WORK with your instructor to plan and carry out a related FHA/HERO activity,

   (and/or)________________.

6. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

Student Information

SUDDEN ILLNESS

Directions: On a separate sheet of paper answer the following questions. Use a reference provided by your instructor to obtain the answers.

Fainting

1. What causes a person to faint?
2. What are six symptoms that a person about to faint may have?
3. How might you be able to prevent fainting?
4. What are the six steps of first aid for fainting?

Heart Attack

1. What causes a heart attack?
2. What are the six symptoms of a heart attack?
3. Name three situations in which first aid for heart attack should be administered immediately.
4. The five steps of first aid for heart attack are:

Seizures

1. What are seizures?
2. How do seizures affect persons of different ages:
   a. Infants and young children?
   b. Older children and adults?
3. Name six things you can expect when a person is having a seizure.
4. Name six first aid and safety precautions that must be followed for a seizure.

Student Information

DIABETES EMERGENCIES

Diabetes is a metabolism disorder. It occurs when the body is not able to handle sugar and starches in the usual way. Diabetes can be controlled by special medications taken orally or by injection. Special diets must also be followed to get diabetes under control. The disease has a tendency to be hereditary (run in families). If your family has a history of diabetes, you and your family members should have regular check-ups with your doctor. A person having diabetes should wear or carry a card that indicates what procedures should be followed if he/she becomes ill or has an accident.

Diabetic Coma

Diabetic coma results when too much sugar is present in the body. It does not come on suddenly and usually takes hours or days for unconsciousness to occur. Symptoms include:
--Vomiting
--Diarrhea
--Loss of weight
--Increased urination
--Fatigue
--Thirst
--Continuous sugar in the urine
--Sweet odor on the breath
--Dry and flushed skin
--Person becomes stuporous
--Deepened and labored breathing

First aid for diabetic coma: seek medical help immediately.

Insulin Reaction

Insulin reaction results when too little sugar is in the body. It is frequently a complication for persons taking insulin. It occurs when the diabetic has eaten too little food, has failed to digest what has been eaten, has taken too large a dose of insulin, or has used up a lot of sugar due to heavy work or play.

Symptoms include:
--Extreme hunger
--Nervousness
--Heavy perspiration
--Throbbing of the heart
--Occasionally double vision
--Fever, seizures, and unconsciousness (in severe cases)
--Staggering as if under the influence of alcohol (occasionally occurs)
--Headache
--Numbness of tongue and lips

First aid for insulin reaction:

1. Look for an emergency medical identification card, bracelet or necklace on the person.
2. If he/she is conscious, ask the diabetic what you are to do to help him/her. Follow the instructions.
3. If he/she is unconscious, seek medical help immediately.

Student Self-Check

MAJOR EMERGENCIES RELATED TO ILLNESSES

Directions: On a separate sheet of paper answer the following questions. Check your answers against those provided on [illegible].

1. List the first aid treatment steps for fainting.

2. List the first aid treatment steps for heart attack.

3. List the first aid treatment steps for seizures.

4. List the first aid treatment steps for diabetic coma.

5. List the first aid treatment steps for insulin reactions.

Student Self-Check

ANSWERS
MAJOR EMERGENCIES RELATED TO ILLNESSES

1. a. Lay the person down, loosen the clothing, and be sure that he/she can breathe.
   b. Dampen a cloth with cool water and gently wipe the person's face.
   c. Observe the person for signs of injury if he/she fell.
   d. Turn the person's head to the side if vomiting begins.
   e. Avoid giving the person fluids until he/she has regained consciousness.

2. a. Comfort the victim and position him/her in the most comfortable position.
   b. Begin artificial respiration if breathing stops.
   c. Call for an ambulance; tell attendants about the victim's symptoms; then call his/her doctor.
   d. Do not have the person to take fluids if he/she is unconscious.
   e. Cardiopulmonary resuscitation must be administered if the victim's heart stops beating.

3. a. Prevent the victim from hurting himself/herself.
   b. Do not try to stop the seizure.
   c. Do not give fluids.
   d. Do not put the victim in a tub of water.
   e. If breathing stops, administer artificial respiration.
   f. Consult a doctor.

4. Seek medical help immediately.

5. a. Look for an emergency medical identification card on the person.
   b. If he/she is conscious, ask the diabetic what you are to do to help him/her. Follow instructions.
   c. If unconscious, seek medical help.

Evaluator's Final Checklist

HANDLING MAJOR EMERGENCIES RELATED TO ILLNESSES

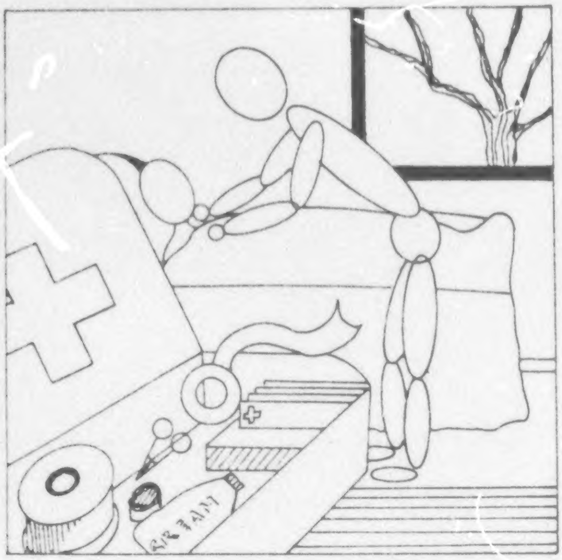
Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
(1) In administering first aid treatment for fainting, the student:			
a. Laid the person down, loosened the clothing, and checked the person's breathing	( )	( )	( )
b. Dampened a cloth and gently wiped the person's face	( )	( )	( )
c. Observed the person for signs of injury if he/she had fallen	( )	( )	( )
d. Turned the person's head to the side if the person started vomiting	( )	( )	( )
e. Did not give the person fluids until he/she regained consciousness.	( )	( )	( )
f. Consulted a doctor if the person did not revive quickly	( )	( )	( )
(2) In administering first aid treatment for heart attack, the student:			
a. Comforted the person and positioned him/her in the most comfortable position	( )	( )	( )
b. Gave or arranged for artificial respiration if breathing stopped	( )	( )	( )
c. Called for an ambulance and told the person's symptoms; then called his/her doctor	( )	( )	( )

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
d. Did not give the person fluids if he/she was unconscious	( )	( )	( )
e. Gave or arranged for cardiopulmonary resuscitation if the person's heart stopped beating	( )	( )	( )
(3) In administering first aid for seizures, the student:			
a. Prevented the person from hurting himself/herself	( )	( )	( )
b. Did not stop the seizure	( )	( )	( )
c. Did not give fluids	( )	( )	( )
d. Did not put the victim in a tub of water	( )	( )	( )
e. Gave or arranged for artificial respiration if breathing stopped	( )	( )	( )
f. Consulted a doctor	( )	( )	( )
(4) In administering first aid for diabetic coma, the student:			
--Sought medical help immediately	( )	( )	( )
(5) In administering first aid for an insulin reaction, the student:			
a. Checked the person for an emergency medical identification card	( )	( )	( )
b. Asked the conscious person what to do	( )	( )	( )
c. Sought medical help immediately if the person was unconscious	( )	( )	( )

HUMAN DEVELOPMENT

ADMINISTERING MEDICATIONS TO A SICK PERSON



INTRODUCTION

There are times in every family when someone will be ill. The sick person may need to take medications. In this module you will learn how to give medicines, insert a rectal suppository, and administer warm-or cool-moisture treatments.

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVES

When you finish this module, you will be able to administer medications, suppositories, and warm -or cool-moisture treatments.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, ADMINISTERING MEDICATIONS TO A SICK PERSON.

LEARNING ACTIVITIES

1. READ about giving medications in a reference provided by your instructor,

   (and/or)________________.

2. VIEW a slide tape presentation about administering medicine,

   (and/or)________________.

3. READ Student Information, ADMINISTERING A SUPPOSITORY, p. 3,

   (and/or)________________.

4. READ Student Information, ADMINISTERING COOL-AND WARM-MOISTURE TREATMENT, pp. 3-5,

   (and/or)________________.

5. ROLE PLAY administering medications with a classmate or in a small group. CHECK with your instructor for specific situations,

   (and/or)________________.

6. COMPLETE Student Self-Check, ADMINISTERING MEDICATIONS, p. 5.

7. WORK with your instructor to plan and carry out a related FHA/HERO activity,

   (and/or)________________.

8. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

Student Information

ADMINISTERING A SUPPOSITORY

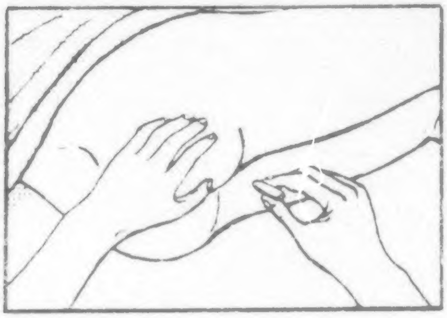
A rectal suppository provides a way of administering medicine through the mucous membrane of the rectum. A suppository is oblong-shaped, made of glycerin or cocoa butter, and contains medicines for various purposes. Inserted into the rectum, the suppository is melted by the body's heat and provides medicine for one of the following purposes:

--To relieve pain (as in hemorrhoids)
--To stimulate bowel movement (should not be used too frequently)
--To relieve nausea (available with prescription only)
--To lower fever (available with prescription only and to be used when vomiting prevents oral use of aspirin)

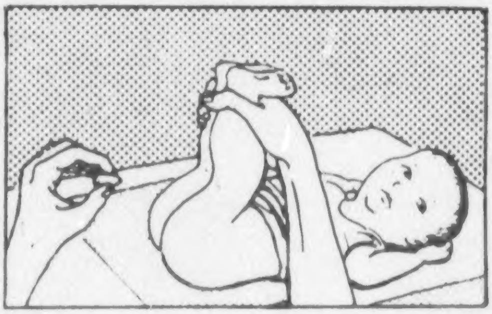
How to Administer a Suppository

1. Obtain the suppository.

2. Position the person. An adult or older child would be positioned on the side.



An infant is best positioned on back with feet raised.



3. Remove the wrapper from the suppository.

4. Hold the suppository at the blunt end.

5. Insert the suppository into the rectum. Push firmly but gently until the tip of the forefinger touches the anus. The suppository should continue to slide up into the rectum on its own.

6. Hold buttocks together for the length of time prescribed in the directions on the package.

7. Wash your hands with hot, soapy water.

Student Information

ADMINISTERING COOL- AND WARM-MOISTURE TREATMENTS

Cool- and warm-moisture treatments provide healing and relieve breathing problems. In both types of treatment, the air is made more humid (moist). The moisture put into the air may or may not contain medicine.

The purposes of cool- and warm-moisture treatments are:
--To soothe and help reduce swelling and inflammation in tissues of the breathing tubes and throat,

- --To soften and thin mucous secretions,
- --To relieve congestion (stuffiness and stopped up feeling) and ease breathing,
- --To relieve pain of the throat and breathing tubes.

Cool-moisture treatments can be administered using a cool mist or cool-stream humidifier. Warm-moisture treatment may be administered using a warm-air vaporizer or by steam inhalation. Other ways to add moisture to the air include:

- --turning on the hot water in the tub or shower,
- --placing a pan of water on the range or near a radiator,
- --breathing through a warm, moist cloth.

Cool-Mist Humidifier

The cool-mist or cool-stream humidifier pumps a stream of cool water through a screen or revolving wheel which breaks the water into a fine mist that is blown out into the room. This type of moisture treatment is usually preferred because it is safer. No heat or steam is present to cause burns.

To administer cool moisture, follow the manufacturer's instructions for operating the humidifier. A medication may be added to the water if a doctor prescribes this treatment.

Warm-Air Vaporizer

The warm-air vaporizer brings water to a boil and releases of flow of steam into the room. To administer warm moisture, follow the manufacturer's instructions for operating the vaporizer. If this treatment is prescribed by the doctor, a medication may be added to the water in the vaporizer.

Steam Inhalation

Steam inhalation can easily be administered by using materials and equipment found in the home. There are several methods for administering warm moisture by steam inhalation. Two of these methods are explained in the steps that follow.

Method I

1. Assemble the materials and equipment:
   a. An unbrella or a large frame made from a cardboard box
   b. Blanket
   c. Electric hot plate
   d. Teakettle
   e. Low stool
   f. Large brown paper or newspaper funnel
   g. Water
   h. Medication, if prescribed
   i. Cold cream
   j. Bath towel
2. Place the umbrella or cardboard frame at the head of the bed over the person.
3. Place the blanket over the umbrella or frame; tuck it in at the head of the bed leaving a small opening at one side.
4. Set the electric plate on the low stool beside the bed at the open side of the blanket.
5. Fill the teakettle about half full of hot water. Add the medication if it is prescribed by the doctor.
6. Place the large funnel over the spout of the teakettle. Direct the tip of the funnel over the spout of the teakettle. Direct the tip of the funnel toward the blanket opening
7. Plug the hot plate in and turn it on.
8. While the water is heating, wrap the person's head in the bath towel so his/her hair will not get wet.

574

Apply cold cream to the face and neck for protection from the steam.

9. When the water begins to steam, close the blanket opening, making sure that the funnel is inside. Let the treatment continue for ten to fifteen minutes.
CAUTION: Do not leave the person unattended. Cover the person to prevent chilling.

10. Fill the kettle with hot water periodically. Do not let it boil dry.

Method II

1. Assemble the materials:
    a. Pitcher
    b. Wash basin
    c. Paper bag
    d. Hot water
    e. Medications, if prescribed
    f. Towel
    g. Chair and table
2. Cut a hole in the bottom of the paper bag for the person's nose and mouth.
3. Fill the pitcher with hot water and the prescribed medication.
4. Set the pitcher in the wash basin.
5. Place the paper bag over the pitcher.
6. Set the basin and pitcher on a table.
7. Have the person sit up in a chair and lean over the pitcher.
8. Place a towel over the person's head and the pitcher to enclose the steam.
9. Instruct the person to breathe the steam through the hole in the paper bag.
10. Change to hotter water as necessary to keep it steaming.
11. Continue the treatment for ten minutes.
12. Cover the person to prevent chilling.

Safety Precautions When Administering Cool- or Warm-Moisture Treatments

1. Follow the manufacturer's directions about filling, using, and cleaning the vaporizer or humidifier.
2. Do not have hands wet when handling the electrical cord.
3. Use the correct kind and amount of medicine, if needed.
4. Place the vaporizer or container of steaming water in a safe place to prevent scalding.
5. Keep the electrical cord out of the way of the bedding to prevent the person from getting tangled up and to prevent a fire.
6. Stay with the person during steam inhalation.
7. Cover the person to prevent chilling.

Student Self-Check

ADMINISTERING MEDICATIONS

Directions: Answer the following questions on a separate sheet of paper. Check your answers against those provided on p. 6.

1. What six things should a medicine label tell you?
2. Name two ways to get rid of old unused medicine.
3. Name two containers you can use to measure liquid medicine.
4. What should you do if a person has a reaction to the medicine he/she has taken?
5. When should you read the label on the medicine container?
6. What are the steps for giving any medicine?
7. List three purposes of a suppository.
8. List three purposes of cool- and warm-moisture treatments.

Student Self-Check

ANSWERS
ADMINISTERING MEDICATIONS

1. --For whom the medicine wash prescribed
   --Who prescribed the medicine
   --The kind of medicine
   --The amount of the dose
   --How often the medicine should be taken
   --Any special way the medicine should be taken

2. --Burn it.
   --Flush it down the commode.

3. --Dose spoon or measuring spoons
   --Medicine glass

4. Contact a doctor immediately.

5. --When you remove it from the storage cabinet
   --As you are taking the medicine from the container
   --When you put it back in the storage cabinet

6. --Wash your hands first.
   --Assemble the equipment and supplies.
   --Read the label.
   --Give the right medicine to the right person, at the right time, in the right amount, and in the right manner.
   --Observe the person to be sure they swallowed the medicine and there was no reaction.
   --Return the medicine to its storage place.

7. --To relieve the pain of hemorrhoids
   --To stimulate bowel movement
   --To relieve nausea
   --To lower fever

8. --To soothe and help reduce swelling and inflammation in tissues of the breathing tubes and throat
   --To soften and thin mucous secretions
   --To relieve congestion and ease breathing
   --To relieve pain of the throat and breathing tubes

Evaluator's Final Checklist

ADMINISTERING MEDICATIONS TO A SICK PERSON

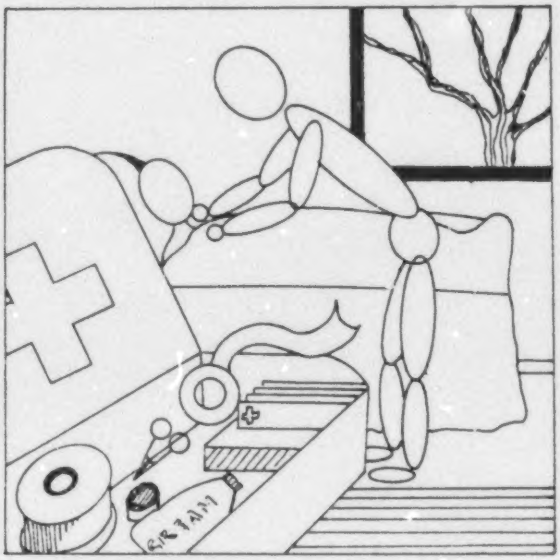
Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
(1) In administering a medicine, the student:			
a. Followed sanitary procedures	( )	( )	( )
b. Read the label for specific information	( )	( )	( )
c. Administered the medicine according to the directions on the label	( )	( )	( )
d. Stored the medicine in a safe storage area	( )	( )	( )
e. Observed the person for reactions	( )	( )	( )
(2) In explaining about or administering a suppository, the student:			
a. Followed sanitary procedures	( )	( )	( )
b. Positioned the person	( )	( )	( )
c. Inserted the suppository according to the package directions	( )	( )	( )
(3) In administering warm- or cool-moisture treatments, the student:			
a. Followed safe procedures	( )	( )	( )
b. Administering the warm- or cool-moisture treatment according to the directions or procedures	( )	( )	( )

Module HD-57

HUMAN DEVELOPMENT

ASSISTING THE SICK, INJURED, AND PHYSICALLY HANDICAPPED PERSONS WITH PERSONAL ROUTINES



INTRODUCTION

There are times in every home when a family member is sick or injured. There are also families with physically handicapped members who require special care. The homemaker should be competent in tasks of assisting with this kind of care. In this module you will learn how to assist the sick, injured, or physically handicapped family member in getting in and out of a chair, getting out of bed, walking, returning to bed, using the commode, dressing and undressing, and bathing.

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check_Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVES

When you finish this module, you will be able to assist a sick, injured or physically handicapped person with personal routines.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, ASSISTING THE SICK, INJURED, AND PHYSICALLY HANDICAPPED PERSONS WITH PERSONAL ROUTINES.

LEARNING ACTIVITIES

1. LISTEN to a resource person tell about assisting sick, injured, or physically handicapped persons with personal routines,

   (and/or)_______________.

2. READ and STUDY Student Information, ASSISTING WITH MOBILITY, p. 3,

   (and/or)_______________.

3. OBSERVE your instructor demonstrate the procedures for assisting an individual with getting in and out of bed, walking, getting in and out of a chair, and using a commode. PRACTICE the procedures with a fellow classmate,

   (and/or)_______________.

4. READ Student Information, DRESSING AND UNDRESSING A SICK, INJURED, OR PHYSICALLY HANDICAPPED PERSON, p. 5,

   (and/or)_______________.

5. READ about assisting a person with bathing in the tub and shower in a reference provided by your instructor,

   (and/or)_______________.

6. OBSERVE your instructor demonstrate the procedures for assisting a person with a tub bath and with undressing and dressing. PRACTICE the procedure with a fellow classmate,

   (and/or)_______________.

7. COMPLETE Student Self-Check, PERSONAL ROUTINES, p. 6.

8. READ about the care of persons who have severe physical handicaps in a reference provided by your instructor, if interested,

   (and/or)_______________.

9. WORK with your instructor to plan and carry out a related FHA/HERO activity,

   (and/or)_______________.

10. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

Student Information

ASSISTING WITH MOBILITY

It is very important for sick, injured, and physically handicapped persons to maintain body mobility (movement) through exercise. Body exercise helps to:

--Prevent weakness of muscles.
--Increase circulation of the blood.
--Aid digestion and elimination.
--Decrease pains and discomforts.
--Regulate the body temperature.
--Improve respiration.
--Promote mental health and good spirits.

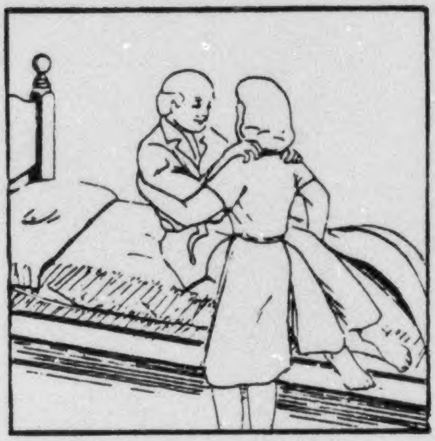
There are times when you may need to assist a family member with getting in and out of bed, walking, getting in and out of a chair, and using a commode.

Before permitting the family member to get out of bed, you must first have her/him sit on side of bed with feet hanging over the side (dangling). The purposes of dangling are:

--To improve circulation in legs and feet.
--To prevent faintness and dizziness.
--To stimulate the individual's interest in improving condition.

Procedure for Dangling

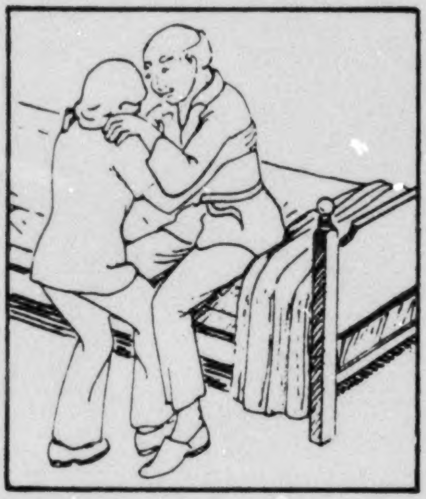
1. Wash your hands.
2. Move the top covers to the foot of the bed.
3. Move the individual to the side of the bed nearest you, placing her/his hips in the center of the length of bed.
4. Place one arm under the legs and your other arm behind the back.



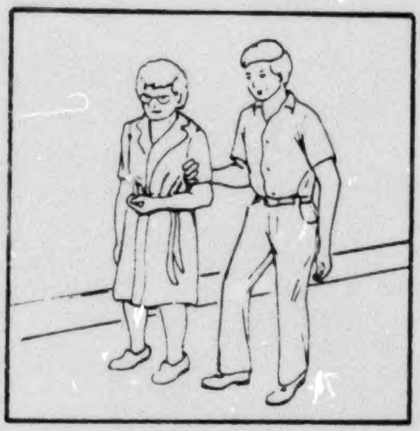
5. Turn the individual's body on the buttocks to bring the legs off the side of the bed.
6. Assist in putting on a robe, slippers, or shoes. Place a blanket over the lap to prevent exposure and provide warmth to the legs.
7. Have the person dangle for three to five minutes until he/she appears to be comfortable. Stay close by the bed in case the person becomes dizzy.

Procedure for Helping A Person To Stand and Walk

1. Complete dangling procedure.
2. Stand directly in front of person in bed.
3. Ask person to place hands on your shoulders. Then place your hands in front of the armpits, with thumbs pointing upward.



4. Lift the upper part of the body as the individual rises to standing position.
5. Stand facing the person and provide support for a few seconds to make sure he/she is not feeling faint.
6. Stand at the person's weakest side.
7. Encourage the person to walk. Keep your arm under the individual's arm, providing as much support as needed as you help the person walk.



8. Reassure person that you will continue to provide support to prevent slips and falls.
9. Observe for signs of faintness, shortness of breath, and/or weakness.

A sick, injured, or handicapped person should be encouraged to walk as much as possible. The purposes for walking are:
--To increase strength.
--To increase self-confidence.
--To restore muscle tone.

Procedure for Returning Individual to Bed

1. Stand directly in front of the individual.
2. Offer support as the individual lowers himself/herself on the side of the bed.
3. Remove robe and slippers.
4. Place one arm under individual's legs and your other arm behind the back.
5. Pivot the individual's body on buttocks to place legs on top of bed.
6. Ease the upper body down into a reclining position while the supporting the back.

Procedure for Helping a Person to Get Into and Out of a Chair

1. Assist the person to the dangling position.
2. Move the chair close to the bed facing it toward the person and at a slight angle.
3. Assist the person to stand and slowly turn so that his/her back is facing the chair. Have him/her place the hand and arm closest to the chair on the far arm of the chair and hold to the bed with the other hand.
4. Instruct and assist the person to turn and lower self into the chair.

5. Reverse the procedure for helping the person out of the chair and back into the bed.

Procedure for Helping a Person Use the Commode

1. Use the procedures given above to assist the individual out of bed and to walk to the bathroom.
2. Assist in removing necessary clothing, if needed.
3. Assist the individual to sit on the commode. Place bathroom tissue within easy reach.
4. Leave the room briefly, if the individual is capable of caring for self.
5. Assist with cleansing, if necessary.
6. Assist the individual back to bed.

Student Information

DRESSING AND UNDRESSING A SICK, INJURED, OR HANDICAPPED PERSON

Even though you know how to dress yourself, it can be difficult to dress someone else, especially if the person is sick or has limited movement. Dressing a sick, injured or handicapped person requires a certain amount of skill to prevent discomfort. Individuals should be encouraged to dress themselves if they possibly can. This provides exercise. It also improves morale.

Conditions that Limit Body Movements

A variety of conditions tend to limit the coordination necessary for dressing. Some of these are:
--pain
--weakness
--broken bones
--paralysis
--special equipment attached to
an individual, such as IV's,
braces, casts, etc.
--mental retardation
--psychological factors

To assist an individual in dressing, it is very important for you to understand the person's limitations thoroughly.

Types of Clothing

The following are descriptions of basic types of clothing along with the procedure to follow in dressing the individual. The reverse procedures are used for undressing.

Cardigan: This type of clothing completely opens from the neck to the bottom edge of the garment in either the front (shirt, jacket, robe) or back (hospital gown, bra). To put on this garment:

1. Always slip an injured side or arm farthest away from you into the proper sleeve first.
2. Then pull the garment around the individual's back and guide the other arm into the other sleeve.

Pullover: This is a type of garment (sweater, dress, gown, T-shirts, skirts) with a small neck opening to pull over the head. Follow the procedure below for putting on this type of garment:

1. Put your hand through the sleeve for the arm farthest away from you or the injured side; grasp the individual's wrist for that sleeve and pull it through the sleeve. Repeat process for the other arm.
2. Gather the back of the garment from the lower hem to the opening for the head with one hand, and stretch the opening over the head with the other hand.
3. Slide the opening over the head as smoothly as possible.
4. Smooth garment in front and back.

Pants: The best method for putting on this garment is as follows:

1. Position the individual to the side of the bed nearest you.
2. Gather most of one pant leg in one hand and lift up the ankle; then guide the foot through the pant leg. (If one leg or side is injured, put the pant on that leg first.)
3. Repeat this procedure with the other leg.
4. Gently pull the pants up over the thighs.
5. Pull pants up over the hips by having the individual lift his/her buttocks. Or roll the individual on his/her side and toward you and pull pants up to the waist at back. Then roll individual back over on back and reach under the nearest hip and pull that side of the pants up to the waist.
6. Fasten the pants closing.

Injured Arms or Legs

When assisting an individual who has an injured arm or leg, select clothing which will be easy to put on, such as shirts or blouses which button down the front or back and which fit loosely. The garment should be put on the injured arm or leg first to avoid discomfort. Remove the garment from the injured limb last.

Example:

Mrs. Jones has a broken left arm. Kathy is helping her put on a blouse which buttons down the front. Kathy slips Mrs. Jones' left arm (the injured arm) into the left sleeve of the blouse first, then slips her right arm into the other sleeve. She buttons the blouse.

To remove the blouse Kathy would first unbutton the blouse. Next she would help Mrs. Jones slip her right arm out of the sleeve, then slip her left arm (the injured arm) out of the other sleeve.

Student Self-Check

PERSONAL ROUTINES

Directions: On a separate sheet of paper answer the following questions. Check your answers against those provided on p. 7.

1. Maintaining body movement through exercise is important. List three reasons for body exercise.
2. Define the term "dangling."
3. List four conditions that limit body movements.
4. When helping a person who has an injured leg or arm to dress, what are two points you need to consider?

Student Self-Check

ANSWERS
PERSONAL ROUTINES

1. --Prevents weakness of muscles
   --Increases circulation of the blood
   --Aids digestion and elimination
   --Decreases pains and discomforts
   --Improves respiration
   --Promotes mental health and good spirits

2. Dangling refers to the position of the patient sitting up in bed with his/her legs hanging over the side.

3. --Lack of maturity, if a young child
   --Pain
   --Weakness
   --Broken bones
   --Paralysis
   --Attachments of special equipment to an individual such as IV's, braces casts, etc.
   --Mental retardation
   --Psychological factors

4. --Select clothing that is easy to put on
   --The garment should be put on the injured arm or leg first and removed from the injured limb last.

Evaluator's Final Checklist

ASSISTING THE SICK, INJURED, AND HANDICAPPED PERSONS WITH PERSONAL ROUTINES

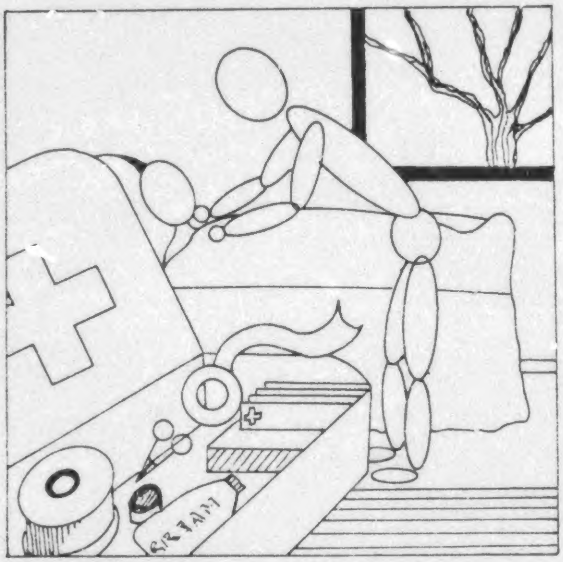
Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
(1) When assisting the sick, injured, or handicapped person with getting out of bed, walking, getting in and out of a chair, using the commode, and returning to bed, the student:			
a. Washed his/her hands	( )	( )	( )
b. Assisted the person to the dangling position	( )	( )	( )
c. Instructed the person in proper hand placement for rising from the bed	( )	( )	( )
d. Supported the person on his/her weakest side while walking	( )	( )	( )
e. Assisted the person back into bed using the proper techniques of aid and support	( )	( )	( )
f. Arranged a chair for the person to get into	( )	( )	( )
g. Gave assistance and support to the person when getting into and out of the chair	( )	( )	( )
h. Gave aid and support to the person while helping him/her to use the commode	( )	( )	( )
(2) When assisting a sick, injured, or handicapped person with a tub bath and undressing, the student:			
a. Prepared the bathroom and the bath water for the comfort and safety of the person	( )	( )	( )
b. Obtained and arranged clean towels, washcloth, and clothing for the person	( )	( )	( )
c. Assisted the person to walk to the bathroom and to get in and out of the tub using safe techniques	( )	( )	( )
d. Helped the person to wash his/her back and other areas, as necessary	( )	( )	( )
e. Helped the person to dry himself/herself	( )	( )	( )
f. Assisted with undressing and dressing, as necessary without undue discomfort	( )	( )	( )

Module HD-58

HUMAN DEVELOPMENT

ASSISTING BEDRIDDEN FAMILY MEMBERS



INTRODUCTION

Being confined to bed can be a tiring experience for a sick, injured, or handicapped family member. To help make life in bed more comfortable, you can learn techniques for assisting with rest and elimination. In this module you will learn how to assist a bedridden person with a bedpan and a urinal, administer an enema, give a bed bath, make an occupied bed, and adjust a person in bed to prevent bed sores and poor circulation.

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVES

When you finish this module, you will be able to assist a bedridden patient with a bedpan and/or urinal, administer an enema, give a bed bath, make an occupied bed, and adjust a person in bed to prevent bed sores and poor circulation.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, ASSISTING BEDRIDDEN FAMILY MEMBERS.

LEARNING ACTIVITIES

1. READ Student Information, THE BEDRIDDEN FAMILY MEMBER, p. 3,

   (and/or)_______________.

2. READ Student Information, ASSISTING WITH ELIMINATION, p. 3,

   (and/or)_______________.

3. OBSERVE your instructor demonstrate assisting a bedridden person in using a bedpan and a urinal and in administering an enema. SIMULATE the procedures demonstrated with a fellow classmate. Do those steps that can easily be done, and be prepared to explain how to do the other steps,

   (and/or)_______________.

4. READ and STUDY about giving a bed bath in a reference provided by your instructor,

   (and/or)_______________.

5. READ and STUDY about making an occupied bed in a reference provided by your instructor,

   (and/or)_______________.

6. VIEW a slide tape presentation about giving a bed bath and making an occupied bed,

   (and/or)_______________.

7. PRACTICE giving a bed bath and making a bed occupied by a fellow classmate or an adult-sized doll,

   (and/or)_______________.

8. READ about positioning and moving a person in bed in a reference provided by your instructor,

   (and/or)_______________.

9. OBSERVE your instructor demonstrate positioning a person in bed to help prevent bed sores and poor circulation. PRACTICE the procedures demonstrated with a fellow classmate,

   (and/or)_______________.

10. COMPLETE Student Self-Check, CARING FOR THE BEDRIDDEN PERSON, p. 6.

11. WORK with your instructor to plan and carry out a related FHA/HERO activity,

    (and/or)_______________.

12. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

Student Information

THE BEDRIDDEN FAMILY MEMBER

When a family member must stay in bed, there is a need for special attention and assistance in performing basic routines such as eating, bowel movements, urination, bathing, changing positions, and having the bed linens changed. There are several points to remember to help the bedridden family member to recover as quickly as possible.

1. Set up a routine for the bedridden person to follow. This helps him/her to get the care that is needed.
2. Keep the room, bedding, and supplies organized and free of clutter. This helps to make the person feel rested and secure.
3. Help provide personal cleanliness and grooming. This provides comfort and helps morale.
4. Serve foods that meet nurtritional needs. Food should be served attractively to boost morale and increase the appetite.
5. Set aside a time for moving the bedridden person to a different position. This activity should be done several times throughout the day in order to prevent bedsores, poor blood circulation, and body deformities.

   Bed sores, or pressure sores, are areas on the skin that become red and tender due to pressure on the area over a prolonged period of time. The areas affected include the skin areas over prominent bones, such as the tail bone, elbows, and shoulders.
6. Sometimes the doctor will recommend exercises for the person. It is very important that you help and encourage the person to exercise. Exercise helps to prevent loss of muscle tone and helps to avoid body deformities.
7. Providing activities for personal growth and enjoyment is important for the person's mental health. Such activities include reading, listening to music, looking at books or magazines, and watching television.
8. Teach and encourage the person to assume as many personal care tasks as possible. This helps him/her to regain strength and to avoid the feeling of dependency and helplessness.

Student Information

ASSISTING WITH ELIMINATION

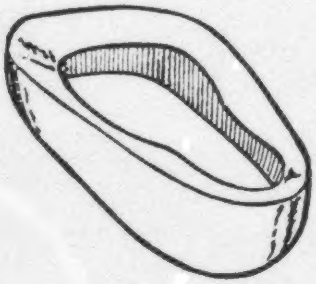
Eliminating waste products from the body is a part of the daily routine of every person. For the bedridden person this process can be a problem. Since getting to the bathroom or even out of bed is sometimes impossible, the person will need assistance with elimination.

In the following paragraphs you will learn how to assist with a bedpan and a urinal. You will also learn how to administer an enema.

Assisting with the Bedpan

A bedpan is an elimination utensil used by males and females for bowel movements and by females for urination.

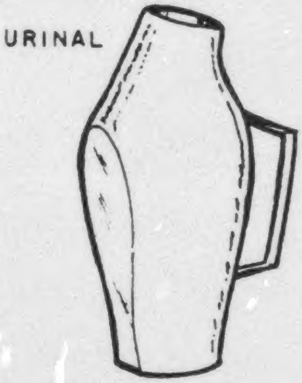
BEDPAN



1. Assemble the necessary equipment and supplies:
   a. Bedpan
   b. Bedpan cover
   c. Toilet tissue
   d. Supplies for washing hands
   e. Rubber or protective sheeting
2. Explain what is to be done.
3. Provide privacy.
4. Wash your hands.
5. Place rubber or protective sheeting on the bed under person.
6. Use pillows to get the person's head and shoulders higher than the bedpan.
7. Have person draw up knees.
8. Raise bed covers enough to slip hand under person's knees.
9. Gather gown above the knees or pull pajamas down below knees.
10. Place hand under small of back. Have person raise hips. Slip bedpan under person. (If the person is helpless you can place the person on his/her side and position the bedpan against the person's hips. Then roll the person back onto the bedpan.)
11. Leave the room unless the person is too sick to be left alone.
12. Allow the person to cleanse self, or wrap toilet tissue around your hand several times and wipe the person clean. (On a female, wipe from the vulva across the vaginal opening back toward the rectum to avoid a vaginal infection.)
13. Discard the toilet tissue promptly and properly.
14. Remove the bedpan very carefully and gently as person raises hips. Cover, if desired.
15. If required by the doctor, measure and record the amount of urine, and/or record frequency, consistency and color of bowel movement.
16. Empty the bedpan. Rinse it with cold water. Clean it with hot, soapy water. Rinse and dry.
17. Remove the rubber or protective sheeting and replace the bedclothes over the person.
18. Offer person the equipment and supplies to wash hands.
19. Wash your hands.

Assisting with a Urinal

A urinal is a bottle-shaped container used by males for urination.



1. Assemble the necessary equipment and supplies:
   a. Urinal
   b. Urinal cover
   c. Rubber or protective sheeting
   d. Supplies for washing hands
2. Explain what is to be done, if necessary.
3. Provide for privacy.
4. Wash your hands.
5. Place rubber or protective sheeting on the bed under the person.
6. Unless the person is helpless, let him place the urinal himself.
7. Remove the urinal after use; cover it and take it to the bathroom.
8. Allow the person to wash his hands.
9. Remove the rubber or protective sheeting and replace the bedclothes over the person.
10. Empty the urinal. Rinse it with cold water. Clean it with hot, soapy water. Then rinse it in hot water and dry.
11. Wash your hands.
12. If required by the doctor, measure and record the amount of urine.

Administering an Enema

The usual purpose of an enema is to remove the waste materials and air from the bowels. However, a doctor may prescribe a medicinal enema solution. The purpose of this type of enema is to soothe the mucous membranes of the rectum as well as to remove waste materials.

1. Assemble the necessary equipment and supplies:
   a. Enema bag, can, or disposable unit with tubing
   b. Clamp
   c. Petroleum jelly
   d. Rubber or protective sheeting
   e. Solution prescribed by doctor
   f. Bedpan
   g. Toilet tissue
   h. Supplies for washing hands
2. Prepare the enema solution according to the doctor's instructions in the amount specified.
3. Explain what is to be done.
4. Wash your hands.
5. Place rubber or protective sheeting under the person's hips.
6. Position the person on his/her left side with the upper leg bent.
7. Keep the person covered except for the buttocks and rectal area.
8. Use one of the following methods for inserting the enema:
   a. Disposable enema unit
      (1) Gently insert the applicator tip into the rectum according to the package instructions.

(2) Squeeze the unit so that the solution flows gently into the rectum. (Use only the amount of the solution prescribed. Discard the rest.)

b. An enema bag or can and equipment
   (1) Close the tubing with the clamp.
   (2) Insert the prepared lukewarm solution into the enema bag or can.
   (3) Let the excess air out of the tubing by briefly opening the clamp and allowing a small amount of the solution to run out of the tubing and into a bedpan.
   (4) Lubricate the applicator tip with petroleum jelly.
   (5) Gently insert the tip 5.1 to 7.6 cm (2 to 3 inches) into the rectum and hold in place. For a child insert it 2.5 cm. (1 inch).
   (6) Rotate the tip slightly to start the flow of the solution. (Withdraw the tip and start the process over, if the solution does not run through.)
   (7) Hold the enema bag or can between 45 to 61 cm (18 inches to 2 feet) above the person.
   (8) Close the clamp when the person is holding as much of the solution as he/she can comfortably stand.

9. Instruct the person to hold the solution in his/her rectum until the urge for a bowel movement is strong.

10. Help the person to the commode or give a bedpan.

11. Help the person to cleanse self after bowel movement.

12. Allow person to wash his/her hands.

13. Help the person back to bed. Remove the rubber or protective sheeting and replace the bed clothes over the person.

14. Thoroughly clean the enema bag or can and tubing, especially the applicator tip. Allow it to air; then store it in a cool, dark place. (Discard the disposable unit.)

15. Wash your hands.

Student Self-Check

CARING FOR THE BEDRIDDEN PERSON

Directions: On a separate sheet of paper answer the following questions. Check your answers against those provided on p. 7.

1. What causes bed sores (pressure sores)?

2. What can you do to help keep the bedridden person mentally alert and healthy?

3. What is one purpose of an enema?

4. List three points to remember when giving a bed bath.

5. When is a good time to make the bed of a bedridden person?

6. How often should a bedridden person be moved to a different position in bed?

7. List three reasons why it is important to adjust the bedridden person to different positions.

Student Self-Check

ANSWERS
CARING FOR THE BEDRIDDEN PERSON

1. Areas of the skin which become red and tender due to pressure on the area over a prolonged period of time.

2. Provide activities for personal growth and enjoyment, e.g., reading, listening to music, looking at books or magazines, watching television.

3. --Removal of waste materials and air from the bowels.
   --To soothe the mucous membranes of the rectum.

4. --Allow the person to do as much for himself/herself as possible.
   --Prepare the room for the bed bath. It should be comfortably warm, free of drafts, and arranged for person's privacy.
   --Avoid tiring person.
   --Change the water whenever it looks dirty or too sudsy.

5. After giving a bath

6. Every two to three hours

7. --To prevent bed sores (pressure sores)
   --To promote good blood circulation
   --To prevent body deformities

Evaluator's Final Checklist

ASSISTING BEDRIDDEN FAMILY MEMBERS

Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
(1) When demonstrating assisting a bedridden person in using a bedpan and/or a urinal, the student:			
a. Assembled the equipment and supplies.	( )	( )	( )
b. Explained the procedures to the person	( )	( )	( )
c. Washed hands	( )	( )	( )
d. Positioned the rubber or protective sheeting and bedpan or urinal	( )	( )	( )
e. Explained the process of assisting the person with cleaning himself/herself	( )	( )	( )
f. Removed the bedpan/urinal and repositioned the person	( )	( )	( )
g. Removed the rubber or protective sheeting and replaced the bedclothes	( )	( )	( )
h. Explained that the bedpan/urinal must be emptied and cleaned immediately.	( )	( )	( )
i. Allowed the person to wash his/her hands	( )	( )	( )
j. Washed hands after all supplies and soiled items had been cleaned, discarded, and/or stored	( )	( )	( )
(2) When demonstrating the administration of an enema, the student:			
a. Assembled the equipment and supplies.	( )	( )	( )

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
b. Explained the procedures to be done to the person	( )	( )	( )
c. Washed hands	( )	( )	( )
d. Explained how to prepare the enema	( )	( )	( )
e. Placed the rubber or protective sheeting on the person's bed	( )	( )	( )
f. Positioned the person	( )	( )	( )
g. Explained the process of inserting and removing the enema applicator	( )	( )	( )
h. Helped the person to the commode or on the bedpan	( )	( )	( )
i. Explained the process of assisting the person with cleaning himself/herself	( )	( )	( )
j. Allowed the person to wash his/her hands	( )	( )	( )
k. Helped the person back to bed	( )	( )	( )
l. Washed hands after all supplies and soiled items had been cleaned, discarded, and/or stored	( )	( )	( )
(3) When demonstrating the process of giving a bed bath, the student:			
a. Washed hands	( )	( )	( )
b. Assembled the equipment and supplies	( )	( )	( )
c. Positioned the bath blanket and removed the regular blanket	( )	( )	( )
d. Explained the process of removing the person's gown or pajamas	( )	( )	( )

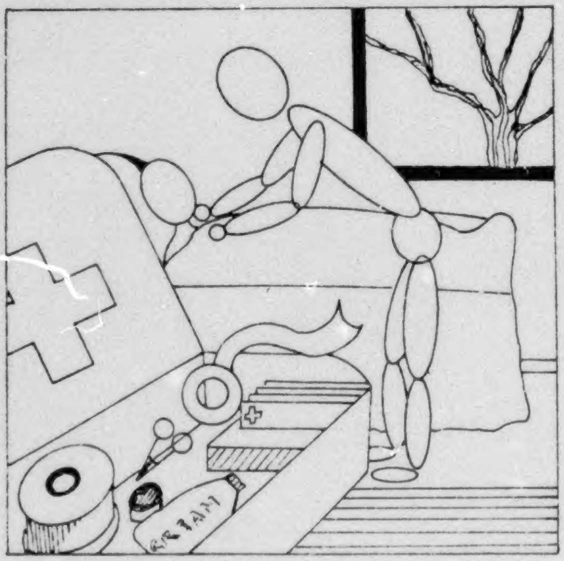
	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
e. Explained the procedure for washing, rinsing, and drying the person:			
--face and ears	( )	( )	( )
--arms, armpits, and hands	( )	( )	( )
--neck and chest	( )	( )	( )
--abdomen, sides of trunk, upper thighs, and pubic area	( )	( )	( )
--legs and feet	( )	( )	( )
--neck, back and buttocks	( )	( )	( )
--genitals	( )	( )	( )
f. Explained the need for frequent water changes	( )	( )	( )
g. Explained the need for applying body lotion	( )	( )	( )
h. Explained other body hygiene procedures, i.e., using a deodorant, brushing hair, brushing teeth	( )	( )	( )
i. Explained the procedure for assisting the person with putting on clean pajamas or gown.	( )	( )	( )
(4) When making an occupied bed, the student:			
a. Washed hands	( )	( )	( )
b. Assembled the bed linens	( )	( )	( )
c. Removed the bedspread, blanket, and top sheet	( )	( )	( )
d. Positioned the person	( )	( )	( )

		ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
e.	Removed the bottom sheet and replaced it with a clean one	( )	( )	( )
f.	Replaced the top sheet and blanket, being sure to leave enough toe room	( )	( )	( )
g.	Replaced the bedspread	( )	( )	( )
h.	Removed the soiled pillowcase and replaced it with a clean one	( )	( )	( )
i.	Comfortably positioned the person	( )	( )	( )
(5)	When adjusting a bedridden person to different positions to prevent bed sores and poor circulation, the student:			
a.	Washed hands	( )	( )	( )
b.	Explained what procedures would be done to the person	( )	( )	( )
c.	Provided support to the back	( )	( )	( )
d.	Supported the joints to prevent strain	( )	( )	( )
e.	Positioned the person's arms and legs carefully to avoid deformities	( )	( )	( )
f.	Placed equipment to prevent bed sores	( )	( )	( )
g.	Encouraged the person to help as much as he/she could	( )	( )	( )
h.	Used good body mechanics when moving the person	( )	( )	( )

Module HD-59

HUMAN DEVELOPMENT

ADMINISTERING FOOD TO A SICK PERSON



INTRODUCTION

There are times in every family when someone will be ill. The sick person may need help in eating and drinking. In this module you will learn how to assist in administering foods and liquids to a sick person.

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVE

When you finish this module, you will be able to assist in feeding a sick person.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, ADMINISTERING FOOD TO A SICK PERSON.

LEARNING ACTIVITIES

1. READ about feeding a sick person in a reference provided by your instructor,

   (and/or)________________.

2. VIEW a slide tape presentation about assisting a sick person with foods and liquids,

   (and/or)________________.

3. ROLE PLAY assisting a sick person with foods and liquids with a classmate or in a small group. CHECK with your instructor for specific situations,

   (and/or)________________.

4. COMPLETE Student Self-Check, ASSISTING A SICK PERSON WITH FOODS AND LIQUIDS, p. 3.

5. WORK with your instructor to plan and carry out a related FHA/HERO activity,

   (and/or)________________.

6. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

Student Self-Check

ASSISTING THE SICK PERSON WITH FOODS AND LIQUIDS

Directions: Answer the following questions on a separate sheet of paper. Check your answers against those provided on p. 4.

1. Name two types of homemade bed tables.
2. After positioning a person in bed for eating, what should you have him/her do?
3. What is the purpose of brushing the teeth or rinsing the mouth before eating?
4. What can you do to help a blind person locate the different foods on the plate?
5. List five ways to assist a sick person with foods and liquids.

Student Self-Check

ANSWERS
ASSISTING THE SICK PERSON WITH FOODS AND LIQUIDS

1. --Table leaf over two pillows
   --Ironing board
   --Sawed-off table
   --Box table

2. Wash his/her hands and face.

3. To improve the appetite.

4. Explain where each food is located on the plate by referring to its position as it would be on a clock.

5. --Arrange the food tray attractively.
   --Place the food tray on the bed table adjusting as necessary for balance and security.
   --Sit with the person. Allow him/her to feed self.
   --Assist the person with cutting foods, buttering bread, and pouring beverages.
   --Test the temperature of the hot foods.
   --If you feed the person, ask which food he/she wants first. Vary the food offered.
   --Fill the spoon 2/3 full of food to prevent spills.
   --Offer fluids after every three or four bites of solid food.

Evaluator's Final Checklist

ADMINISTERING FOOD TO A SICK PERSON

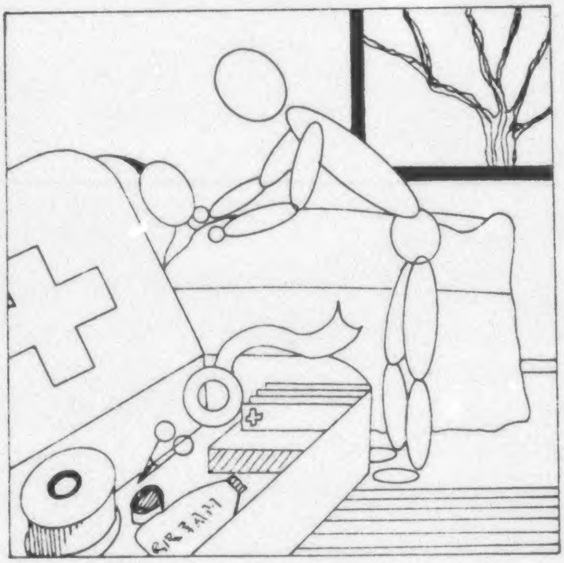
Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

In assisting a sick person with foods and liquids, the student:

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
a. Assembled the supplies and equipment	( )	( )	( )
b. Followed sanitary procedures	( )	( )	( )
c. Prepared a bed table	( )	( )	( )
d. Positioned the person and the bed table	( )	( )	( )
e. Assisted the person with eating and drinking	( )	( )	( )

HUMAN DEVELOPMENT

TREATING THE SKIN FOR INSECT BITES AND STINGS, PARASITES, AND POISONOUS PLANTS



INTRODUCTION

Skin irritations and pain may be caused from insect bites, skin parasites, and contact with poisonous plants. In this module you will learn about the symptoms of various skin irritations. You will also learn how to perform the first aid procedures for treating various skin irritations.

Before you start to work on this module, be sure you have completed HD-9, "Introduction to First Aid."

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVES

When you finish this module, you will be able to administer first aid for an insect bite or skin parasite and for skin irritation due to contact with a poisonous plant.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, TREATING THE SKIN FOR INSECT BITES AND STINGS, PARASITES, AND POISONOUS PLANTS.

LEARNING ACTIVITIES

1. READ Student Information, BITING OR STINGING INSECTS AND PARASITES, p. 3,

   (and/or)________________.

2. READ and STUDY Student Information, FIRST AID FOR INSECT BITES AND STINGS AND FOR PARASITES, p. 4,

   (and/or)________________.

3. READ and STUDY Student Information, POISONOUS PLANTS, p. 11,

   (and/or)________________.

4. PRACTICE first aid treatment for insect bites and contact with poisonous plants as specified by your instuctor,

   (and/or)________________.

5. COMPLETE Student Self-Check, TREATING THE SKIN CROSSWORD PUZZLE, p. 12.

6. WORK with your instructor to plan and carry out a related FHA/HERO activity,

   (and/or)________________.

7. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

Student Information

BITING OR STINGING INSECTS AND PARASITES

Basically, there are two categories of insects that cause skin irritations: (1) insects that bite or sting, and (2) parasites. Parasites are insects that live off warm-blooded animals. Some insect bites are merely irritating. Other insects are very dangerous because (1) they carry diseases; (2) their venom is very poisonous; (3) their victims are allergic to their venom.

Biting or Stinging Insects

These insects inject a venom (poisonous secretion) into the skin, and some leave their stingers in the skin. Their bites cause pain and swelling in the area attacked. Some insects can cause severe illness as well as pain and swelling. The insects generally considered the most dangerous in this part of the world are the black widow spiders, brown recluse spiders and scorpions.

The poisonous secretion of the insect is acid. Applying an alkaline, such as baking soda or ammonia, to the bite or sting helps to neutralize the acid. In addition to an acid secretion, bees, wasps, yellow jackets, and ants secrete an alkaline-histamine substance. Many people have severe reactions to the bites or stings.

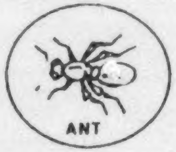
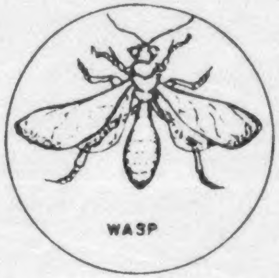
1. Reactions to Stings:
   a. Asthma attack
   b. Hives and skin rashes
   c. Fainting and loss of consciousness
2. First Aid for Severe Allergic Reactions:
   a. People who know they have severe allergic reactions should carry their allergy medicine with them. Give the medicine immediately.
   b. Administer artificial respiration if the victim cannot breath.
   c. Tie a band above the bite (between the bite and the heart) to slow down the movement of the poison through the blood stream. DO NOT APPLY TIGHTLY.
   d. Lower the affected part below the level of the victim's heart to slow down the blood flow.
   e. RUSH TO A HOSPITAL FOR EMERGENCY TREATMENT.
   f. Remove the band after 30 minutes if medical help is not available.
   g. Comfort person as much as possible.

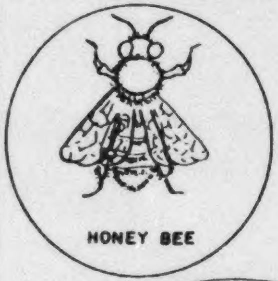
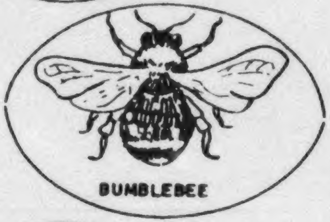
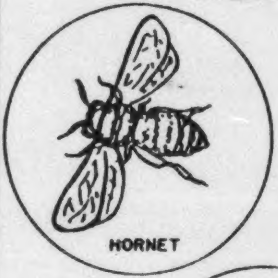
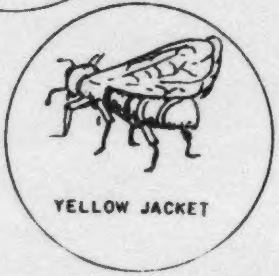
Parasites that Invade the Skin

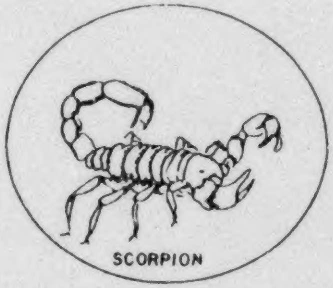
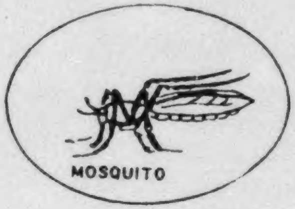
Some parasites, such as chiggers, bury themselves under the skin. Some, such as ticks, attach themselves to the skin. Others, such as mosquitoes, move from victim to victim. Like insects, some parasites are more dangerous than others. For instance, some ticks can carry Rocky Mountain spotted fever, and some mosquitoes can cause malaria or encephalitis.

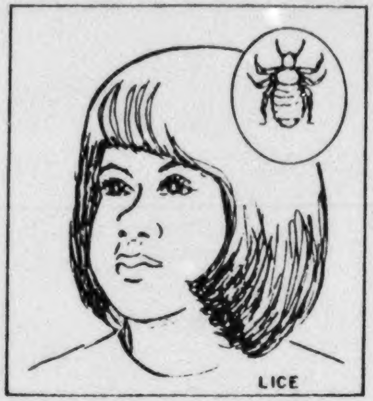
Student Information

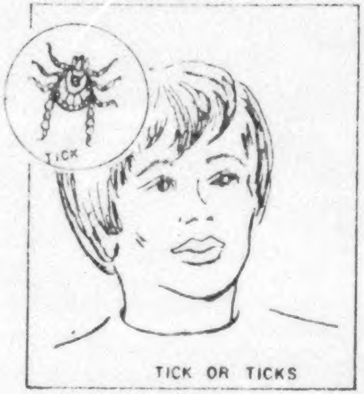
FIRST AID FOR INSECT BITES AND STINGS AND FOR PARASITES

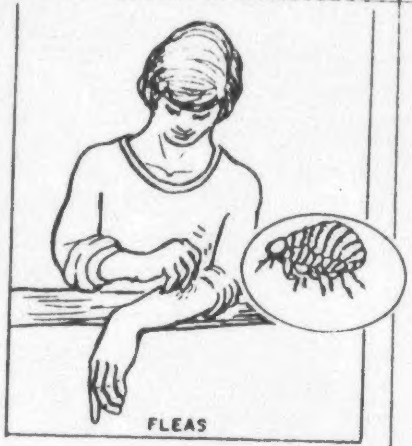
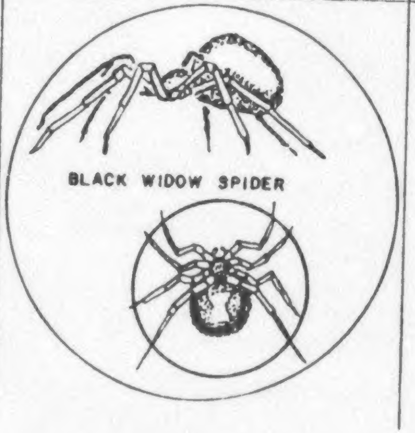
INSECT OR PARASITE AND PLACE FOUND	SYMPTOMS RESULTING FROM BITE	FIRST AID
Ants, wasps, bees, hornets and yellow jackets are biting and stinging insects. They are found in all areas of the world. They build nests in the ground, in trees, in buildings, and in areas that protect them from the weather.   	--Pain at the site of the sting --Red, swollen area of skin --Puncture in the skin with the stinger visible	1. Scrape off or flick out stinger with your fingernail. Do not use tweezers since the movement may inject more venom. 2. Apply a cold compress to the sting or bite to relieve pain and swelling. 3. Apply rubbing alcohol, calamine lotion, diluted household ammonia, a paste of baking soda and water, or vinegar. 4. For intense itching or multiple bites or stings, bath the victim in cool water. Then apply a soothing body lotion. 5. Oral antihistamines may be given to relieve the itching. 6. CAUTION: If the victim is allergic or shows signs of being allergic to stings or bites, consult a doctor immediately.

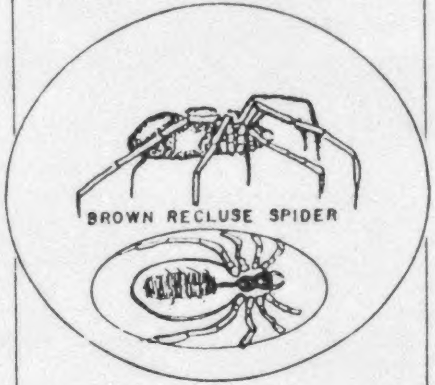
INSECT OR PARASITE AND PLACE FOUND	SYMPTOMS RESULTING FROM BITE	FIRST AID
 HONEY BEE  BUMBLEBEE  HORNET  YELLOW JACKET		

INSECT OR PARASITE AND PLACE FOUND	SYMPTOMS RESULTING FROM BITE	FIRST AID
 SCORPION Scorpions are found under stones in desert regions, or beneath the bark of dead trees in various sections of the United States.	--Severe pain at the site of the sting --Nausea and vomiting within a few hours --Abdominal pain within a few hours --Shock within a few hours --Possible seizures and coma within a few hours	1. Tie a band above a bite (between the site and the heart) to slow down the movement of the poison through the blood stream. DO NOT APPLY TIGHTLY. 2. Lower the affected part below the level of the victim's heart to slow down blood flow. 3. CONTACT A DOCTOR IMMEDIATELY. 4. Remove the band after 30 minutes if medical help has not arrived. 5. Comfort person as much as possible.
CHIGGERS are six-legged parasitic mite larva that are no bigger than the point of a pin and are red in color. Living in soil and on weeds, they get onto people and bury themselves within the skin.	--Red welts showing where chiggers are under the skin, often where the clothing is tight --Itching	1. Wash area with soap and water to remove skin bacteria. 2. Apply medication which is recommended by a pharmacist.
 MOSQUITO	--Red welts on the sight of the bite --Itching	1. Wash affected area with soap and water to remove skin bacteria. 2. Apply rubbing alcohol or other antiseptic.

INSECT OR PARASITE AND PLACE FOUND	SYMPTOMS RESULTING FROM BITE	FIRST AID
The mosquito is a flying parasitic insect that is blood-sucking and can carry serious diseases such as malaria. It is found near streams and swamps.		
 Lice are tiny parasitic insects that live on the bodies of warm-blooded animals.	--Itching in the scalp or pubic area --Can be seen in hair or on the clothing --Nits (black lumps, which are lice eggs) on the strands of hair --Sores at the base of hair strand --Swelling at the back of the the neck	1. Dust hair and scalp with prescribed substance or one recommended by a pharmacist. Be careful not to get it in the victim's eyes. 2. Wrap the head in a clean towel for about four hours. 3. Comb nits and dead lice from the hair with a fine-toothed comb. 4. Do not wash the hair for 24 hours. 5. Then shampoo with two tablespoons of a treatment shampoo. Shampoo vigorously for four minutes. 6. Rinse thoroughly and rub dry with a clean towel. 7. Comb well with the fine-toothed comb to get rid of any remaining nits. 8. Thoroughly clean all articles that might still have lice or nits--clothing, towels, bed linens--in hot, soapy water. Iron on hot setting. 9. Disinfect combs, brushes, and similar items by washing with special medicated shampoo.

INSECT OR PARASITE AND PLACE FOUND	SYMPTOMS RESULTING FROM BITE	FIRST AID
		10. Spray upholstery, carpets, and other areas where lice may be living with a special spray insecticide (available at pharmacy). 11. Repeat the steps of treatment until lice have been eliminated.
 TICK OR TICKS The tick is a bloodsucking parasite which sometimes carries Rocky Mountain spotted fever or Colorado tick fever. It is commonly found in damp grass and wooded areas during the spring and summer.	--Tick can be seen either crawling on or attached to the skin or the scalp --Possible fever	1. Cover the tick with a heavy oil or petroleum jelly to close the ticks's breathing pores. 2. Carefully remove tick with tweezers being sure that all parts are removed. 3. Scrub area with soap and water and apply an antiseptic. 4. Kill the tick by burning or flushing it down the commode. CAUTION: If the person develops a fever within hours or a few days after a tick has been removed, consult a doctor.

INSECT OR PARASITE AND PLACE FOUND	SYMPTOMS RESULTING FROM BITE	FIRST AID
 This leaping, wingless, blood-sucking insect usually is found on dogs or other warm-blooded animals.	--Itching --Reddening of area of the skin that has been attacked	1. Wash the bite with soap and water to remove skin bacteria. 2. Apply an antiseptic or a baking soda and water paste. 3. Locate the area that the fleas were contacted and apply an insecticide that is safe for humans. 4. Check pets and treat for fleas.
	Within an hour: --Slight skin reaction --Severe pain --Heavy sweating --Nausea --Painful abdominal cramps --Difficulty in breathing and speaking	1. Tie a band above a bite (between the site and the heart) to slow down the movement of the poison through the blood streatm. DO NOT APPLY TIGHTLY. 2. Lower the affected part below the level of the victim's heart to slow down blood flow. 3. CONTACT A DOCTOR IMMEDIATELY.

INSECT OR PARASITE AND PLACE FOUND	SYMPTOMS RESULTING FROM BITE	FIRST AID
This shiny black spider is characterized by a red hourglass on its abdomen. It may be found in wood piles, sheds, basements, or other dark, moist places.		4. Remove the band after 30 minutes if medical help has not arrived. 5. Comfort victim as much as possible.
 This brown spider is characterized by a violin- or fiddleback marking. It is found in dark, moist places such as under sinks and in basements.	Within an hour: --Chills --Fever --Joint pains --Nausea --Vomiting --Severe skin reaction at the site of the bite Within one to two weeks, an open ulcer will appear at the site of the bite.	1. Tie a band above a bite (between the site and the heart) to slow down the movement of the poison through the blood stream. DO NOT APPLY TIGHTLY. 2. Lower the affected part below the victim's heart to slow down blood flow. 3. CONTACT A DOCTOR IMMEDIATELY. 4. Remove the band after 30 minutes if medical help has not arrived. 5. Comfort victim as much as possible.

617

Student Information

POISONOUS PLANTS

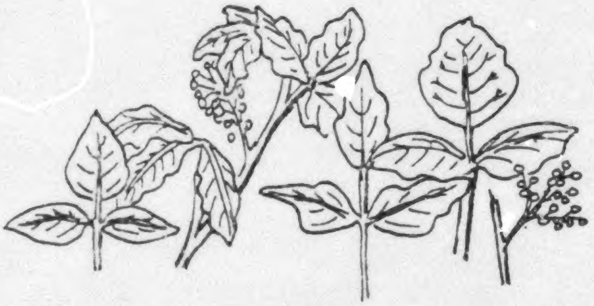
Poisoning from poison ivy, poison oak, and poison sumac is caused by an oily substance which comes from the plant. When the skin comes in contact with these poisonous plants, the following symptoms will often appear within a few hours or one to two days:

--A rash on the sight of exposure
--Itching and intense burning
--Redness on the sight of exposure
--Blisters

Poison Ivy

Poison ivy grows as a vine or a shrub. Its leaf is divided into three glossy parts. Tiny blossoms on a stalk are sometimes on the plant. Poison ivy is found everywhere in the United States except California and parts of the surrounding states.

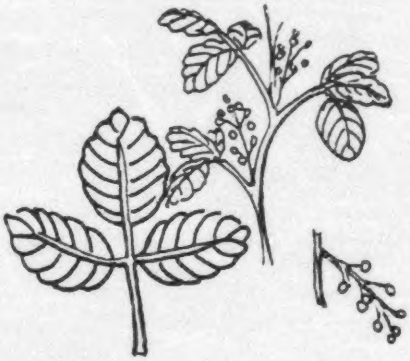
It is also called three-leaf ivy, poison creeper, climbing sumac, poison oak, markweed, picry, and mercury. Eastern oak leaf poison ivy is a variety of common poison ivy.



COMMON POISON IVY

Western Poison Oak

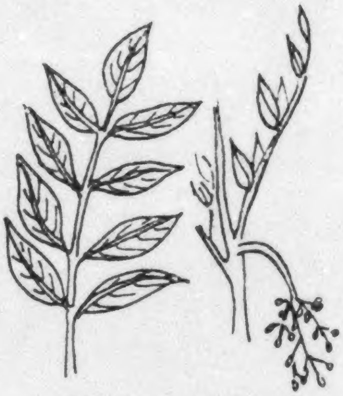
Western poison oak also grows as a vine or a shrub. Its leaf is divided into three glossy leaflets, and it sometimes has tiny blossoms on a stalk. Poison oak grows in California and parts of the surrounding states. It is also known as poison ivy or yeara.



WESTERN POISON OAK

Poison Sumac

Poison sumac grows as a shrub or small tree. It has a nine-leaf stalk and sometimes has tiny blossoms. It grows in the eastern third of the United States. It is also called swamp sumac, poison elder, poison ash, poison dogwood, and thunderwood.



POISON SUMAC

First Aid Treatment

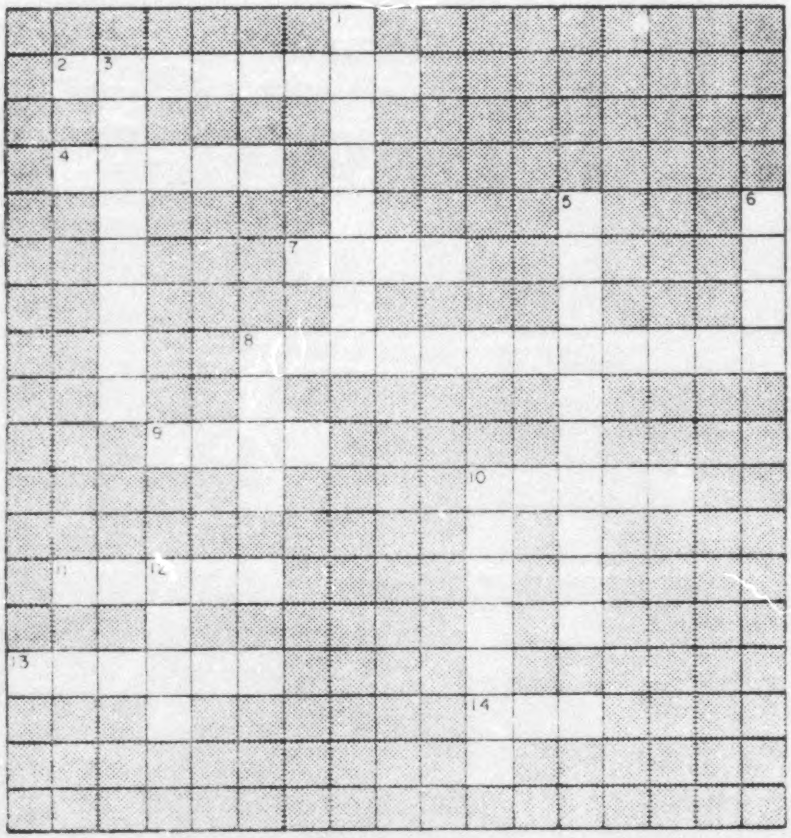
1. If exposed to a poisonous plant:
   --Wash the exposed area with soap and water to reduce the severity of the reaction.
2. If a rash occurs:
   a. Wash the exposed areas with soap and water.
   b. Wash with alcohol.
   c. If the rash is mild, apply calamine or other soothing lotion.
   d. Avoid scratching.
   e. If the rash is prolonged or spreads a lot, seek the advice of a doctor.

Student Self-Check

TREATING THE SKIN CROSSWORD PUZZLE

Directions: Obtain a copy of the crossword puzzle from your instructor. Use the words suggested by the following statements to complete the puzzle. Check your answers against those provided on p. 14.

TREATING THE SKIN CROSSWORD PUZZLE



ACROSS

2. A _____ bite can cause possible convulsions and coma.
4. The insect that adheres to the skin or the scalp (plural form).
7. The insects which may cause itching in the scalp or pubic area and leaves nits on the hair shafts.
8. This insect's bite causes an open ulcer at the site of the bite within two weeks.
9. Poison ivy and poison oak grow as a _____ or a shrub.
10. The bite of an ant, a wasp, bee, hornet, yellow jacket, or scorpion is called a _____.
11. The leaf of poison ivy and poison oak is divided into _____ parts.
13. The reactions from insect bites and contact with plants are due to germs, venoms, or oils which p_____ the body.
14. One of the poisonous plants.

DOWN

1. The biting insect which leaves a red, itching welt at the site of the bite.
3. _____ bury themselves in the skin and leave red, itching welts in areas of the body where clothing is tight.
5. This insect bite causes profuse sweating, nausea, severe pain, and difficulty in breathing and speaking.
6. The poison sumac grows as a shrub or a small _____.
8. A constricting _____ above the site of bite is part of the first aid for a scorpion, black widow spider, or a brown recluse spider bite.
10. A treatment _____ is used to rid the body of lice.
12. Poison ivy, oak, and sumac cause a blistery, burning _____ on the site of contact.

Student Self-Check

ANSWERS
TREATING THE SKIN CROSSWORD PUZZLE

ACROSS

2. Scorpion
4. Ticks
7. Lice
8. Brown recluse
9. Vine
10. Sting
11. Three
13. Poison
14. Oak

DOWN

1. Mosquito
3. Chiggers
5. Black widow
6. Tree
8. Band
10. Shampoo
12. Rash

Evaluator's Final Checklist

TREATING THE SKIN FOR INSECT BITES AND STINGS, PARASITES, AND POISONOUS PLANTS

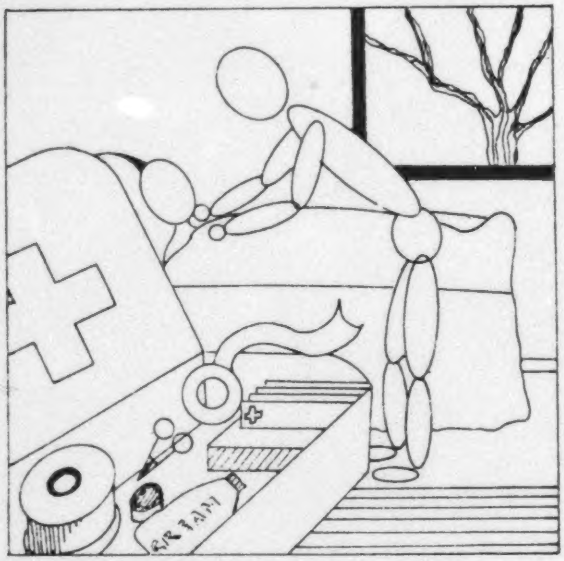
Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
(1) In administering first aid for an insect bite or a parasite, the student:			
a. Identified the possible insect(s) or parasite(s) after the condition was described	( )	( )	( )
b. Administered the appropriate first aid treatment	( )	( )	( )
(2) The student administered the appropriate first aid treatment for the reaction to a poisonous plant	( )	( )	( )

Module HD-61

HUMAN DEVELOPMENT

TREATING INJURIES TO BONES, JOINTS, AND MUSCLES



INTRODUCTION

Injuries to bones, joints, and muscles happen unexpectedly. When such injuries occur, proper first aid and medical treatment are necessary. In this module you will learn how to administer first aid for injuries to bones, joints, and muscles.

Before you start to work on this module, be sure you have completed HD-9, "Introduction to First Aid."

Read the Objective. If you feel that you are already able to perform the task, read the Check-Out Activities. Then either arrange with your instructor to do the Check-Out Activities, OR read the Learning Activities in this module. Go through the activities you need to complete in order to perform the task.

OBJECTIVE

When you finish this module, you will be able to administer first aid treatment for suspected bone injury, dislocation, sprain, and muscle strain.

CHECK-OUT ACTIVITIES

The following directions explain the activities you must complete in order to finish this module. After you go through the activities, your instructor will rate your performance using the Evaluator's Final Checklist, TREATING INJURIES TO BONES, JOINTS, AND MUSCLES.

LEARNING ACTIVITIES

1. READ Student Information, FRACTURES, p. 3,

   (and/or)_______________.

2. READ Student Information, JOINT AND MUSCLE INJURIES, p. 8,

   (and/or)_______________.

3. VIEW a filmstrip about first aid for bone, joint, and muscle injuries provided by your instructor,

   (and/or)_______________.

4. OBSERVE your instructor demonstrate first aid treatment for fractures, dislocations, and sprains. PRACTICE the techniques you learn from the demonstration and the other learning activities,

   (and/or)_______________.

5. COMPLETE Student Self-Check, BONE, JOINT, AND MUSCLE INJURIES, p. 9.

6. WORK with your instructor to plan and carry out a related FHA/HERO activity,

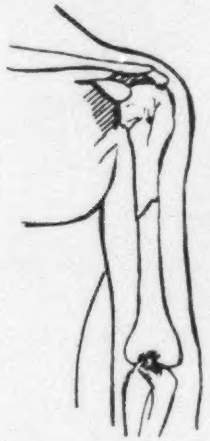
7. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES.

Student Information

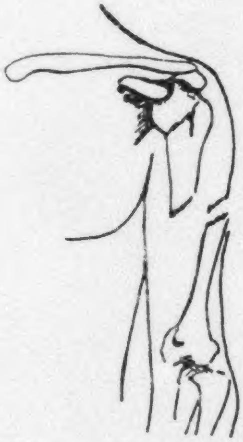
FRACTURES

A fracture is a broken or cracked bone. There are two types of fractures:

(1) closed or simple



(2) open or compound



The closed or simple fracture does not have an open wound outside the body. The open fracture does involve an open wound outside the body. A simple fracture must be diagnosed by a doctor with X-ray examinations. Symptoms of a fracture include the following:

--pain
--difficulty in moving the area of the injured bone
--swelling
--discoloration
--deformitory in the area of the break

First Aid Treatment For Fractures

When a fracture is suspected, administer first aid treatment. Treatment depends largely upon the area that is injured. General first aid rules are:

1. Prevent movement of the fractured bone and the joints next to it by padding with rolled up blankets or pillows.
2. Then elevate (raise) the fracture, if it is an arm or a leg. This will control swelling and reduce bleeding.
3. Do not move a person with a suspected neck or spinal cord injury.
4. Do not straighten a fractured arm or leg to try to push the broken bones back into place.
5. If the break is an open fracture, cover the wound with a large, sterile dressing. DO NOT cleanse the wound.
6. To control bleeding of an open fracture, place a large sterile dressing over the wound and apply mild pressure.
7. Apply splints if there is a delay in emergency treatment by a professionally trained person.
8. Seek medical help immediately.

Splints

Splints are the tools used to immobilize (prevent movement of) the injured part of the body. The purpose of immobilizing the injured part is to help avoid further injury to tissues, blood vessels, and nerves.

Splints can be bought in medical supply stores. However, when an emergency occurs these are not always available, so you must make splints out of the best materials you can find. Splints must be stiff and straight. They must be long enough to extend above and below the joints of the area of the suspected fracture. There should also be padding between the splint and the body part before the splint is tied into place. Items that can be used for splints include:

--pieces of cardboard
--rulers or yardsticks
--boards
--straight sticks
--binding to an uninjured body part

Items that can be used for padding include:

--clothing
--newspapers
--rolled up blankets
--pillows

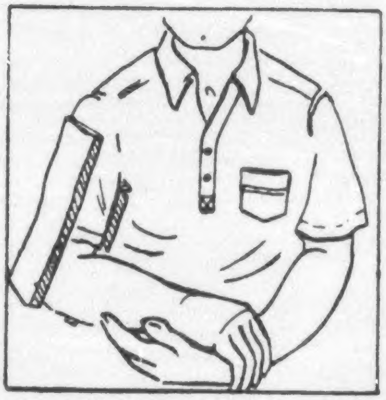
Items that can be used to tie the splint and padding onto the body include:

--a cravat bandage
--neckties
--strips of cloth
--large scarves or handkerchiefs
--rope or string
--belts

There are different techniques for splinting different kinds of injuries.

Splinting an Upper Arm Fracture

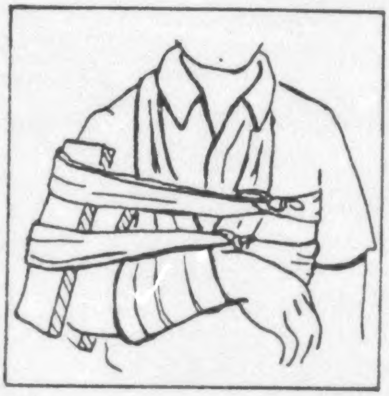
1. Pad two short splints. Place one on the inner side of the upper arm. Place the other one on the outside of the upper arm.



Note: The bandages that tie the splints onto the arm have been left off of this illustration so that you can see the splint on the inner side of the arm.

2. Lay the arm against the chest. Using two cravat bandages, secure the arm to the chest. Do this by tying around the splinted upper arm and the trunk of the body in two places.

3. Place a sling on the forearm (below the elbow).



Splinting a Fractured Elbow

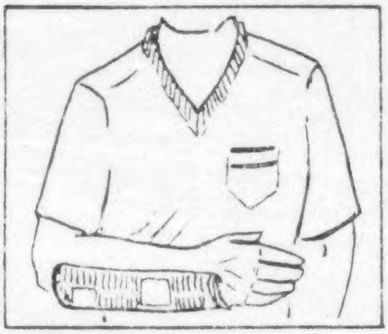
1. If the elbow was straight when the fracture occurred, do not bend it to apply a sling. Place the arm in a well-padded splint that extends from the armpit to the fingertips. (A rolled up blanket or pillow can be used.)

or

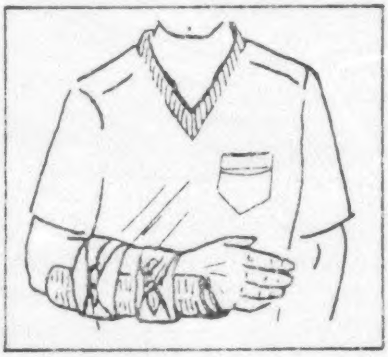
2. If the arm was bent when the elbow fracture occurred, place the arm in a sling and bind it to the chest.

Splinting A Fractured Wrist or Forearm

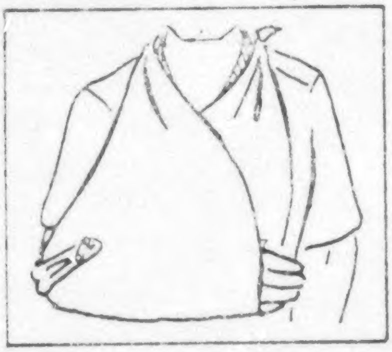
1. Place the arm in a well-padded, stiff splint that extends beyond the elbow and the hand.



2. Bind the splint to the arm.

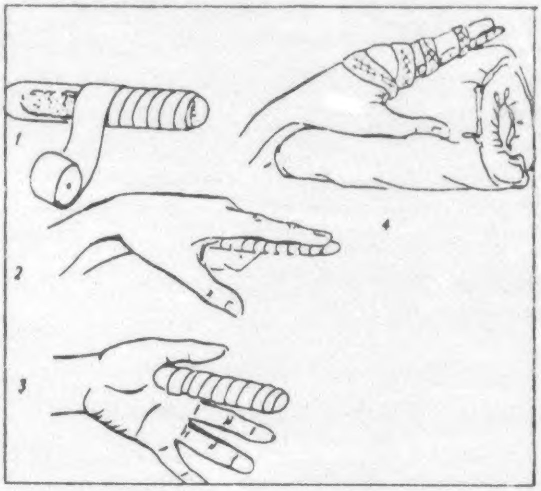


3. Place the arm in a sling.



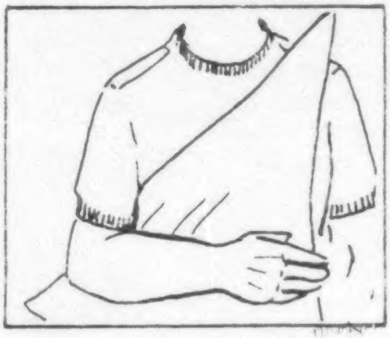
Splinting The Hands and Fingers

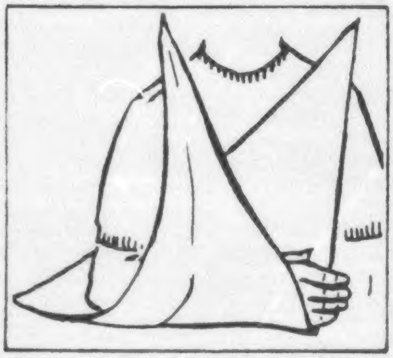
1. Splint each fractured finger with a padded board, such as a tongue depressor. Make sure that the splint extends up into the palm so the fractured finger cannot move.
2. Elevate (raise) the hand to reduce the pain and swelling.

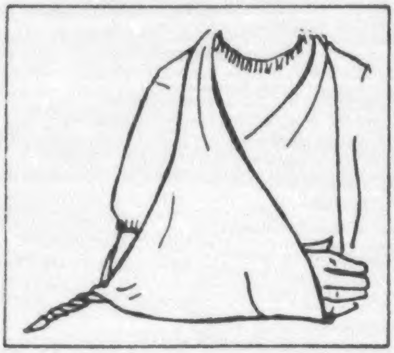


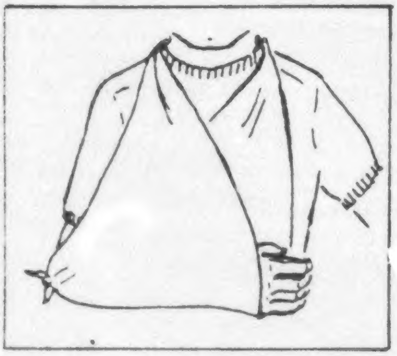
Splinting a Fractured Shoulder Blade and Collarbone

1. Apply a sling to the injured side. (See the next four illustrations of how to tie a sling.)

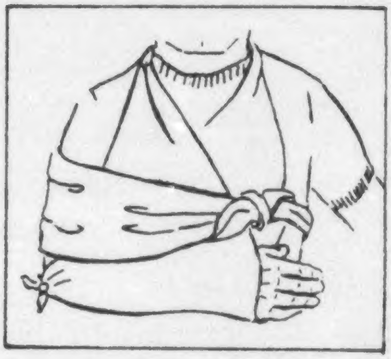






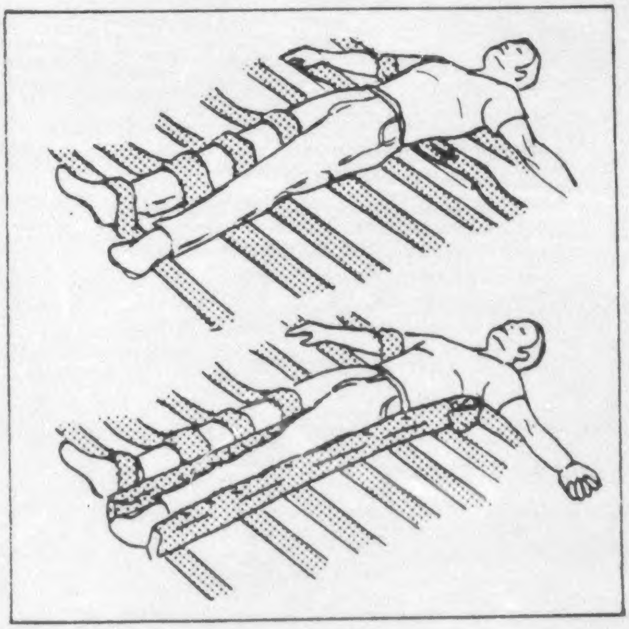


2. Bandage the person's upper arm to the chest wall.

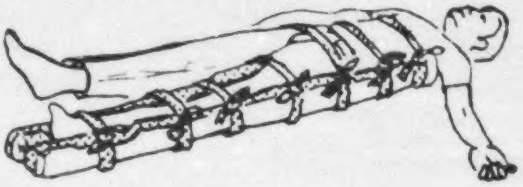


Splinting a Fractured Hip or Upper Leg

1. Apply long, well-padded splints to the injured leg or hip. One splint should reach from under the armpit to the ankle on the outer side. It should also reach from the groin to below the heel on the inner side.



2. Tie the splints at the ankle, lower leg, knee, thigh, hips, trunk, and chest.

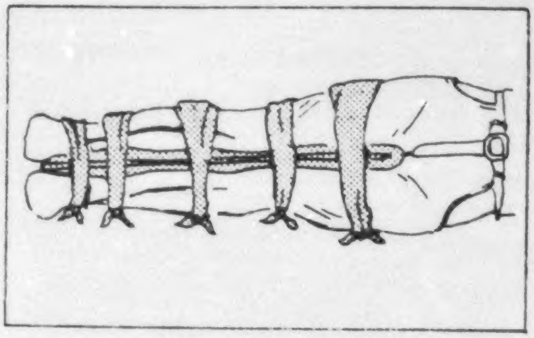


or

3. Another method is to slip a backboard under the injured person.

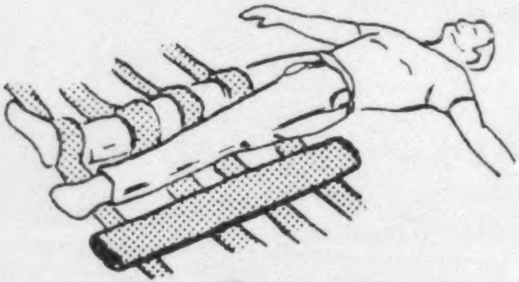
or

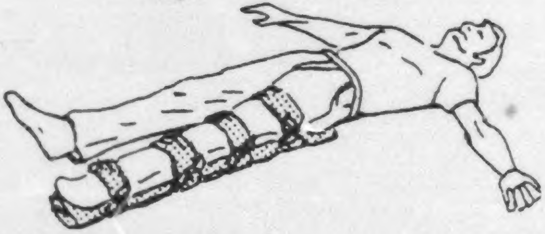
4. If no splints or boards are available, place a blanket between the legs for padding. Then tie the two legs together.



Splinting a Fractured Kneecap

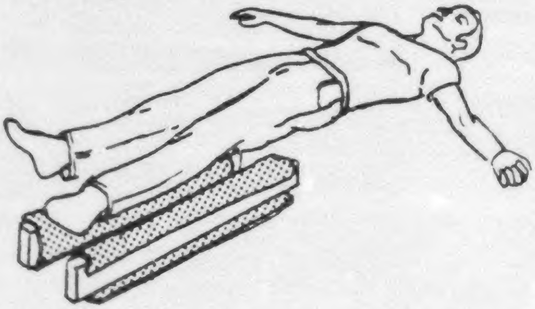
1. Place a padded splint under the injured leg. The splint should be long enough to reach from the person's buttocks to just below the heel.
2. Tie the splint onto the leg at the ankle, below and above the injured kneecap, and at the upper thigh.

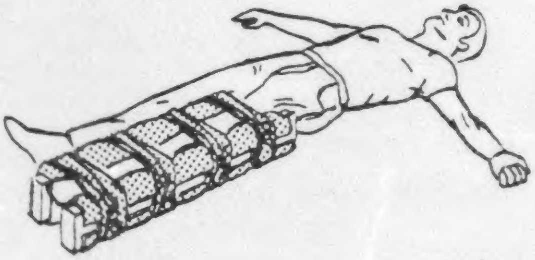




Splinting a Fractured Lower Leg

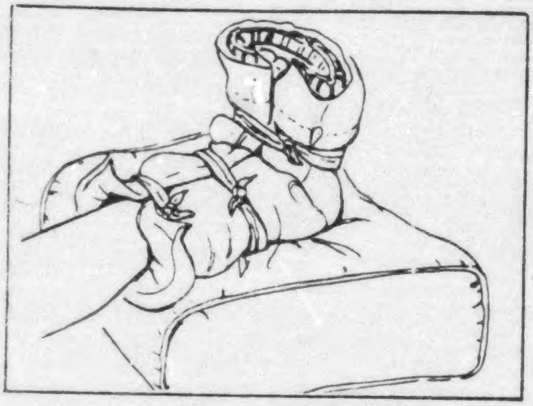
1. Apply well-padded splints on both sides of the leg and foot.
2. Tie splints in place at the ankle, below and above the knee, and at the thigh.
Note: Keep the person's foot pointing upward.





Splinting a Fractured Ankle or Foot

1. Have the person lie down with the injured leg elevated.
2. Remove the shoe and sock.
3. Apply a large sterile bandage to an open wound.
4. Splint with a pillow or blanket firmly tied.



Splinting a Fractured Neck and Back

1. Carefully place a small pad or towel in the space under the person's neck.
2. Arrange rolled-up blankets, clothing, or sandbags around the person for immobilization.
3. DO NOT move the person.
4. Seek medical help immediately.

Precautions After Splinting

1. For an injured limb, check the fingers or toes every few minutes for swelling and discoloration. Loosen the bandaging if this occurs.
2. Loosen the bindings immediately if a person complains of numbness or cannot move the fingers or toes.
   Note: If any of these symptoms occur, the bindings are too tight. If they are not loosened, permanent nerve damage may result.

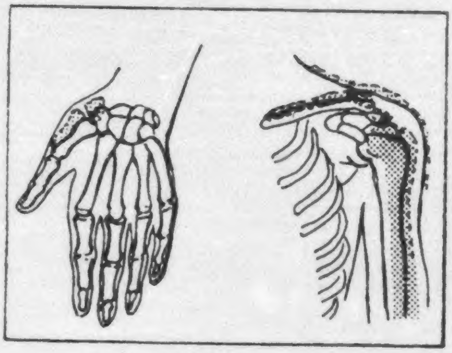
Student Information

JOINT AND MUSCLE INJURIES

An unusual twisting and stretching of joints and muscles can cause injury. These injuries are called dislocations, sprains, and muscle strains.

Dislocation

A dislocation occurs when a bone end is displaced (forced "out-of-joint") from a joint. This usually occurs at the shoulder, elbow, fingers, or thumb joints.



Symptoms of a dislocation include:
--pain in the area when moved
--soreness when touched
--swelling
--a deformed appearance

The first aid treatment for a dislocation includes the following steps:

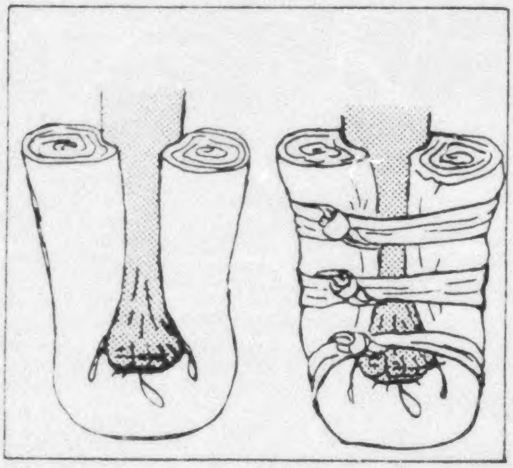
1. Do not change the position of the dislocation. Carefully apply a splint and immobilize the joint.
2. Apply a sling if the dislocation is at the elbow or shoulder.
3. Seek medical help immediately.

Sprain

A sprain most often occurs in the ankle, finger, wrist, or knee joint. It is the partial tearing or stretching of the soft tissue of the joint ligaments or muscle tendons in the area of the joint. Symptoms of a sprain include:
--swelling around the joint
--discoloration
--tenderness
--pain when moved

First aid treatment for a sprain includes the following steps:

1. Do not let the person walk if the ankle or knee is the injured part.
2. Apply a pillow or blanket splint.



3. Elevate the limb for at least 24 hours.
4. Apply wet ice packs on the sprain.
5. Consult a doctor if swelling and pain continues after 24 hours.

Muscle Strain

A muscle strain results when the muscle fibers are stretched and sometimes partly torn because of being overexerted.

An example of muscle strain is a back strain. It usually results from poor body mechanics (in lifting, stooping, etc.). The symptoms of a muscle strain include:
--pain in the area
--soreness

The first aid treatment for a muscle strain includes the following steps:

1. Apply heating pad.
2. Apply warm, moist compresses.
3. Encourage the person to rest the strained muscle.
4. If the strain is severe, contact your doctor.

Student Self-Check

BONE, JOINT, AND MUSCLE INJURIES

Directions: Write the answers to the following questions on a separate sheet of paper. Check your answers against the ones provided on p. 10.

1. What is a fracture?
2. What is the difference between a closed fracture and an open fracture?
3. List five of the general rules of first aid treatment for fractures.
4. What are three symptoms of a dislocation?
5. List the steps of first aid treatment for dislocation.
6. What is a sprain?
7. What are the steps of first aid treatment for a sprain?
8. Give an example of a muscle strain.
9. List the steps of first aid treatment for a muscle strain.

Student Self-Check

ANSWERS
BONE, JOINT, AND MUSCLE INJURIES

1. A fracture is a broken or cracked bone.

2. The open fracture has an open wound; the closed fracture does not.

3. --Prevent movement of the fractured bone and the joints next to it by padding with rolled up blankets or pillows.
   --Then, elevate, if it is an arm or a leg. This will control swelling and reduce bleeding.
   --Do not move a person with a suspected neck or spinal cord injury.
   --Do not straighten a fractured arm or leg or try to push the broken bones back into place.
   --If the break is an open fracture, cover the wound with a large, sterile dressing. DO NOT cleanse the wound.
   --To control bleeding of the wound of an open fracture, place a large sterile dressing over the wound and apply mild pressure.
   --Seek medical help immediately.

4.--Pain in the area when moved
   --Soreness when touched
   --Swelling
   --A deformed appearance

5. --Do not change the position of the dislocation. Carefully apply a splint and immobilize the joint.
   --Apply a sling if it is a dislocated elbow or shoulder.
   --Seek medical help immediately.

6. A sprain is the partial tearing or stretching of the soft tissue of the joint ligaments or muscle tendons in the area of the joint.

7. --Do not let the person walk if the ankle or knee is the injured part.
   --Apply a pillow or blanket splint.
   --Elevate the limb for at least 24 hours.
   --Apply wet ice packs on the sprain.
   --Consult a doctor if swelling and pain continues after 24 hours.

8. A back strain

9. --Apply a heating pad.
   --Apply warm, moist compresses.
   --Encourage the person to rest the strained muscle.
   --If the strain is severe, contact your doctor.

Evaluator's Final Checklist

TREATING INJURIES TO BONES, JOINTS, AND MUSCLES

Performance Level: All items must receive a rating of ACCOMPLISHED or NOT APPLICABLE. If any items are rated NOT ACCOMPLISHED, the student and the instructor will decide if any learning activities must be repeated.

	ACCOMPLISHED	NOT ACCOMPLISHED	NOT APPLICABLE
(1) When demonstrating first aid treatment for a suspected bone injury, the student:			
a. Immobilized the fracture and the joints next to it	( )	( )	( )
b. Elevated the limb	( )	( )	( )
c. Did not move the person if a neck or spinal cord injury was suspected.	( )	( )	( )
d. Did not straighten a fractured arm or leg if injury was an open fracture	( )	( )	( )
e. Controlled bleeding if injury was an open fracture	( )	( )	( )
f. Sought medical help immediately	( )	( )	( )
(2) When demonstrating first aid treatment for a dislocation, the student:			
a. Applied a splint	( )	( )	( )
b. Applied a sling	( )	( )	( )
c. Elevated the dislocated part	( )	( )	( )
d. Sought medical help immediately	( )	( )	( )
(3) When demonstrating first aid treatment for a sprain, the student:			
a. Applied a splint	( )	( )	( )
b. Elevated the limb	( )	( )	( )
c. Applied a wet ice pack	( )	( )	( )
d. Consulted a doctor if necessary	( )	( )	( )
(4) When demonstrating first aid treatment for a muscle strain, the student:			
a. Applied a heating pad	( )	( )	( )
b. Applied a warm, moist compress	( )	( )	( )
c. Encouraged the person to rest the strained muscle	( )	( )	( )
d. Consulted a doctor if the strain was severe	( )	( )	( )